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6 April 1996

### CPAG outlines first phase in RPM fight

NPA has 'no objection' to bids for Lloyds

Unitary HAs: threat or opportunity?

Update: constipation and the ABC of CJD

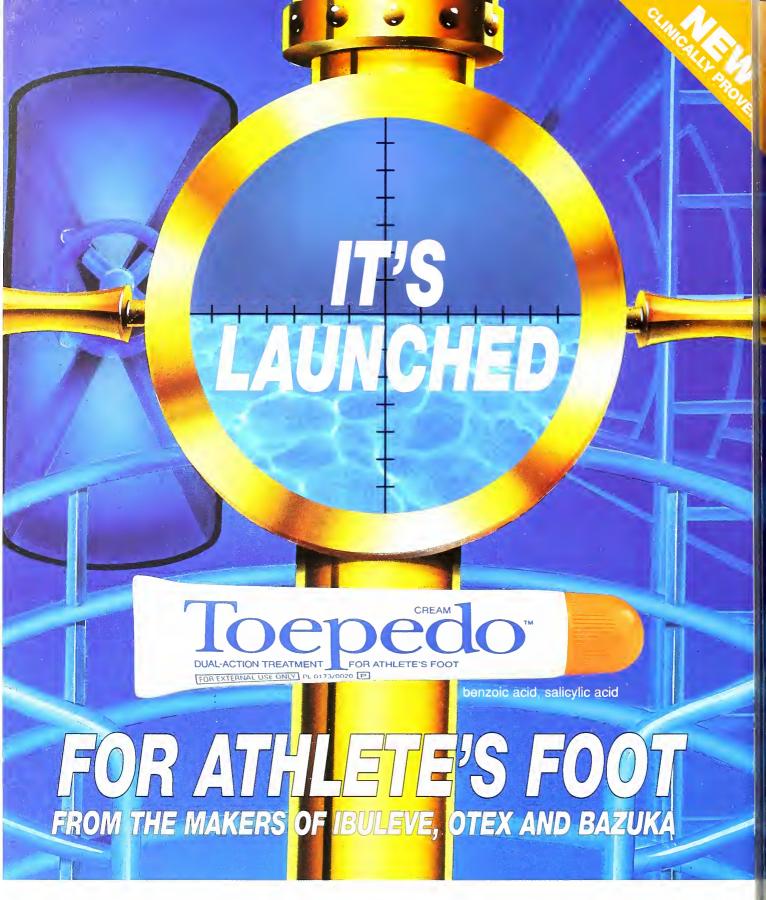
Mother and baby: a winning combination



Small chains coy over pharmacists' salaries

Lloyds Chemists unveils half year results

Online at http://www.dotpharmacy.com/

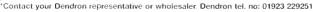


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he salary grading structure for hospital pharmacy staff provides a transparency that is completely lacking in the community sector. Salaries in retail are a taboo topic, suggests a retail pharmacy salary survey highlighted on p468. Few companies admit to having formal salary scales of any kind, and rates of pay vary from less than \$10 per hour to double that. There is little evidence of salaries being linked to performance, or of financial incentives to undertake continuing education or additional professional roles. What's more, if the Department of Health is looking for evidence of motivation, it certainly isn't to be found in the pay rises likely to be offered this year. The point has been made before that outside the major multiples, such as Boots, there is precious little in the way of career structure offered to the increasing number of employee community pharmacists, and this survey, unfortunately, adds more evidence to the case.

The real time bomb, however, lies in salaries paid to shop staff. Pharmacy assistants are towards the bottom end of the scale in general retail terms, many still being paid the JIC rates of \$3.39 for 'dispensers' and \$3.04 for counter staff. A general election and Labour Party proposals for a \$4 per hour minimum wage, which may be reflected in the now voluntary JIC rates due to be published this month, could cost around 1 per cent of the current sales level of most pharmacies, says the survey, money straight off the bottom line. To this must be added the salary expectations of those assistants who attain the knowledge standards laid down by the Royal Pharmaceutical Society. Retaining such staff will have its price. On the evidence of this survey, many pharmacy proprietors would be well advised to take a close look at how their staff pay is structured.



Editor Patrick Grice. **MRPharmS** Assistant Editor/Beauty Editor Liz Jones, BA Contributing Editor

Adrienne de Mont, MRPharmS News Editor Marianne Mac Donald, MRPharmS Technical Editor Maria Murray, MRPharmS Reporter Fawz Farhan, MRPharmS Bnsiness Reporter Lisa Oxlade Art Editor Tony Lamb

Price List Colin Simpson (Controller) Darren Larkin, Maria Locke

Advertisement Manager Julian de Bruxelles Assistant Advertisement Manager Doug Mytton Display Advertisement Executives Martin Calder-Smith Nick Fisher

**Production** Katrina Avery

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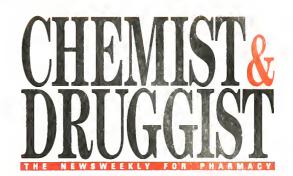
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## CPAG launches RPM defence campaign

The Community Pharmacy Action Group is launching the first phase of its Resale Price Maintenance defence campaign.

In a low-key approach, the focus will be on: lobbying MPs, targeting the run-up to local Government elections in May; mobilising pharmacists; building up a media relations programme; and developing third-party support through other health professionals and voluntary organisations. In addition, the group is engaged in a data-gathering exercise to determine the full impact of the possible loss of RPM.

David Sharpe, outgoing Pharmaceutical Services Negotiating Committee chairman and CPAG chair, dismissed accusations at a press briefing last week that the group had missed valuable time since the Office of Fair Trading announced its RPM investigation last November.



"We are not convinced that the OFT will find the evidence that it needs to go to the Restricted Practices Court, and we have got to wait till that moment to go for a large-scale campaign," he said.

Despite reports that the OFT was to deliver the report this month (*C&D* **Briefs** last week), the timetable has slipped and conclusions may not be reached now until the autumn.

### Labour Party backs RPM Labour this week vowed to fight areas," he says. "It is our pre-

Labour this week vowed to fight to keep resale price maintenance for medicines as an essential aid to community pharmacists.

Henry McLeish, shadow health minister, told *C&D* that the ending of the scheme could spark a price war and drive small pharmacies out of business.

"We are concerned about the impact this could have, particularly on pharmacists in rural areas," he says. "It is our presumption that we would want to maintain RPM."

Mr McLeish says a decision on the future of the scheme is likely to fall to an incoming Labour Government. "We want to maintain a network of community pharmacies, because we believe that one of the principles of the NHS should be that drugs are accessible." Mr Sharpe suggested that another opportunity to state the pro-RPM case may come in June, when Asda, the main instigator in the anti-RPM controversy, is expected to launch its own-brand vitamins.

Tim Astill, director of the National Pharmaceutical Association, comments: "It will be very much easier to publish details to back our case when we have the facts and figures from the data collection."

Mr Sharpe summed up the possible dilemma under the SAVE acronym: Service, Availability of range, Value and Ease of access.

"If RPM were to go, there is a strong possibility – which I have never said in relation to remuneration – that pharmacies will close," warned Mr Sharpe. The impact would also extend to GPs, who would face a greater work burden, and difficulty for vuluerable groups to access pharmacies.

Mr Astill disputed the argument that RPM loss would lead to an increase in consumer choice and drop in prices. "There is no shred of evidence that it [the abolition of RPM on other goods in 1970] has reduced prices," he says.

 Pharmacists are urged to write to their member of parliament to push pharmacists' concerns about the OFT review. PSNC asks that all contractors notify it of action taken, including a copy of correspondence.

### Candidates for Council announced

Nine candidates are standing for the seven places in this year's Royal Pharmaceutical Society Council elections.

As predicted by the Young Pharmacists' Group last week (C&D, p408), six Council members are standing for re-election: David Allen, Geotfrey Booth, lan Caldwell, Ann Lewis, Allan Nathan and Hemant Patel. A further three new candidates are also standing: Pat Hoare, lan Jones and Bryan Veitch.

Voting papers will be sent out on April 15 and must be returned completed to the Society by May 17.

In addition, seven candidates are nominated for the five honorary Society auditors' positions: John Balmford, Richard Clitherow, Geoffrey Knowles, Mervyn Madge, David Massam, Roger Phillips and Dr Brian Wills.

### Late payment plans given thumbs up

Labour's plans to deal with late payment have been given the Forum of Private Business' seal of approval.

In a poll conducted for the FPB, Labour's proposals were highly rated, while the Conservatives' tactic of 'shaming' businesses into paying up was dubbed "largely ineffective".

However, Labour's policy to introduce a statutory right of interest should be adopted across the board, concluded 60 per cent of the 46 businesses surveyed, rather than being restricted to big business and Government alone.

• The PSNC News urges pharmacists to press their MPs to sign the Commons Early Day Motion 606, concerning late payment.

### Pay discussions are 'not exhausted'

English and Welsh contractors can still hope for a better pay offer as the Department of Health says the Pharmaceutical Services Negotiating Committee has not exhausted discussions with civil servants.

However, this precludes the PSNC from meeting the health secretary to push for a better offer until all avenues are worn out.

Mike King, PSNC assistant secretary, says: "While we are still talking with the Doll, there's still hope of an improvement."

### Mental health monies pinpointed

Pharmacists should capitalise on the extra money the Government has made available for mental health services, advises Council member and founder of the Pharmacy Support Group Hemant Patel.

In circulars sent to local authorities and health authorities, the Department of Health has highlighted the availability of \$58.3 million for 1996/97 (an increase of \$11m over 1995/96) for specific grants for the development of social care services for people with mental illnesses,

including dementia. This can be used to continue or expand existing schemes or to implement new projects.

Mr Patel advises local pharmaceutical committee secretaries to submit bids. "They should also look at the mental health strategies of the local authorities and try and see if they can carve a niche for pharmacy," he says. He adds that the Mental Health Group in the Thames area is to discuss the document later this month.

Copies are available from the

Department of Health (call 01937 840250); enquiries about grants should be addressed to Paul Riley, Department of Health, Social Care 6D, Area 327, Wellington House, 133-135 Waterloo Road, London SE1 8UG. Tel: 0171 972 4724.

• The Government introduced a new Mental Health Act on April I, which includes supervised discharge for patients leaving mental hospitals. Aftercare plans are devised with a supervisor appointed to ensure the patient adheres to the programme.



### Sharpe attacks 'rabble rousers'

Retiring Pharmaceutical Services Negotiating Committee chairman David Sharpe denounces the 'rabble-rousing' pharmacy faction in his last *PSNC News*.

They are a group who "wish to grab headlines by militancy and who advocate industrial action . such action would please br Roberts of the Dispensing Doctors' Association", writes Mr Sharpe. Their PR policies "are not ones with which I, and I believe most community pharmacists, would wish to be associated"

He adds: "Lobby hard to ensure that [pharmacists] are properly utilised, valued and rewarded.

### It pays to use Counterpart

accredited by the College of Pharmacy Practice, is one of the most cost-effective ways to ensure your pharmacy assistants comply with the Royal Pharmaceutical Society's training requirements.

Thanks to sponsorship from Whitehall Laboratories, the 14module package is available to C&D subscribers at a heavilysubsidised price, making it the best value in training

If you have not yet enrolled your staff, see C&D March 16, pp334-335, for details of how to sign up. A full explanation of the course and enrolment form are also on pp8-9 in the latest Over the Counter magazine. enclosed with the March 23

If you are an existing course user, but not registered to use the interactive marking system, you need to register now, as required by the accrediting body, the CPP.

PIN users registered with C&D before March 9 can access all modules for marking by dialling 0900 274420.

### Dispensing costs drop 18pc

The dispensing cost per prescription has fallen by over 18 per cent in real terms over the past ten years, from a high point of \$1.78 in 1986-7 to \$1,45 in 1994-5. Since 1993-4, the average cost of dispensing prescriptions has fallen by 4 per cent in real terms.

Pharmacy and appliance contractors dispensed an average of 42,380 prescriptions in 1994-5, a 2.6 per cent increase on the previous year and 26.8 per cent up on 1984-85, according to the Department of Health's report on the Government's expenditure plans for 1996-7 to 1998-99.

The Government intends to take further action to curb drug spending, even though the rate of growth in the drugs bill is likely to be less in 1995-6 than in any of the past three years.

The report predicts a realterms increase in the drugs bill of 6 per cent this year, 1.4 per cent less than in 1994-95, but still higher than the average over the past ten years (5.2 per cent).

Cost-cutting measures will continue to address "inappropriate and uneconomic" prescribing. Some recent growth in the primary care drugs bill is being increase in doctors prescribing 'high-tech' healthcare for patients at home.

Some responsibility for this type of care has been transferred to hospital and community health services budgets to ensure better value for money with local or central purchasing arrangements.

The report adds that the Department remains fully committed to developing the professional role of community pharmacists where it can be shown to be cost-effective.

### Malone is still listening

Healthcare professionals are still being invited to write to the health minister with their ideas

tening tour of the nation (C&D) February 24, p236) is over, the Department of Health is "still receptive" to written suggestions. Write to Gerald Malone, Department of Health, Richmond House, 79 Whitehall, London SWIA 2NS.

on primary healthcare. Although Gerald Malone's lis-

### Call for prescription charge overhaul

The pre-payment system for prescription charges needs to be overhauled and more widely promoted, says the National Asthma

The call comes with the rise in the prescription fee to \$5.50. The NAC wants the Government to ensure the 'season ticket' is promoted more effectively and to review the system to make sure it is affordable for people on low

The NAC has canvassed 1,000 people by telephone, of whom 400 were asthma sufferers, and says the results indicate:

- only half of respondents had heard of the current scheme
- more one in 20 who paid for prescriptions could not afford the scheme's lump sum payment
- only 10 per cent of those respondents that had heard about the scheme had been informed by their pharmacists.

The first primary healthcare training centre in the UK has opened in west London. The Glaxo Wellcome Primary Care Education Centre offers a training facility in the Ealing, Hammersmith & Hounslow Health Authority, supported by a donation of £448,000 from Glaxo Wellcome. Joanne Copp, IT manager for EH&H HA, demonstrates the computer training program to (left to right): Jill Stern, chair of EH&H FHSA; Jacques Lapointe, chairman and managing director of Glaxo Wellcome UK; and Alan Langlands, NHS chief executive, who officially opened the centre last week

### Voice of

How will the latest administrative upheaval in the NHS impact on community pharmacists? A senior community pharmacy manager assesses the situation

est Pennine, Morecambe
Bay, East Riding, North
Cumbria, Bury & Rochdale ... or is that Rochdale & Bury? This week
saw the enactment of legislation
which promotes the creation of
unitary health authorities in England and Wales.

The formal merger of the administrative bodies for primary care – the family health services authorities – with the district health authorities – responsible for secondary care – has not only made the NHS 'Yearbook' sound like a holiday brochure, but will also produce a new kind of healthcare purchaser; one whose responsibility is to consider the impact of its decisions across all sectors of care. It has also created a lot of work for logo designers.

The picturesque-sounding examples above are new, but for some the legislation simply formalises the close working arrangements that have applied for some time, while the NHS in Scotland has been organised with unitary authorities – the health boards – for years.

What no one can escape, however, is the Government's preelection determination to be seen to be tough on the overbureaucracy it created when it put the market into healthcare; the trumpeted 5 per cent cut in NHS administration costs is likely to affect all authorities, new and old.

Threat or opportunity?

So what are we in pharmacy to make of all this? Is the threat of the single authority approach outweighed by the opportunities presented to maximise the pharmaceutical contribution to care in what is now, to quote a series of Department of Health missives, a "primary care-led NHS" where "evidenced-based medicine" and "clinical effectiveness" are the key drivers?

The argument seems finely balanced. The absence of reserved places for health professionals on new health authority boards means pharmacy's voice may struggle to be heard, partic-



## UNITY?

ularly if local GPs and nurses crop up en masse in non-executive roles (keeping the GP lobby quiet has always been an unwritten rule of successful NHS management, and these days nurses are just as noisy).

Primary care itself may also need to shout, despite the DoH rhetoric, if FHSAs are simply swallowed by DHAs, where the executives have traditionally been more interested in funding whizzy new toys for powerful consultants in what are now called 'provider units' or NHS trusts.

On the other hand, community pharmacy is the guinea pig for the experiment that is local budgets. Considerable numbers of health authority staff have had their attention focused on the profession, and huge amounts of time have been invested in order to spend a trivial \$9 million (there's bureaucracy gone mad for you), and what's the result? A service which in one area is paid at the rate of \$480 per annum would be paid at \$820 by the FHSA next door, and in another zilch because the budget didn't stack up in the first place. The greater experience of the DHA financiers in dealing with these kind of issues may bring some

sanity back into the situation, but don't hold your breath.

While chief administrative pharmaceutical officers (CAPOs) and the possibility of director of pharmaceutical public health posts may prove very effective in achieving strategic pharmacy input in Scotland and Wales, in England the absence of senior level pharmacists will put a new emphasis on the role of the pharmaceutical adviser. At present, this is illdefined: some are still primarily prescribing advisers, others have a wider brief, encompassing community pharmacy development, or developing corporate contracts with trusts.

#### **Route One**

One message is clear for local pharmaceutical committees: pharmaceutical advisers are a useful route and may be the principal one into an authority. Treating them as jumped-up junior hospital pharmacists who know nothing is not an option.

Co-operation and partnership will be very important. These leaner, meaner health authorities will need to deliver more for less and, in the shift to evidence-based care, interventions of proven worth will be of greater value than speculative proposals

designed to convert potential into achievement.

Pharmacy traditionally has been bad at championing and promulgating success, but the New Age initiative may well prove to be the starting point for delivering on the basics, which at a national level will underpin and set a broad framework for the pharmacist's role. At a local level, however, it is increasingly clear that pharmacists quickly need to get to grips with viewing their contribution to care in the light of local priorities.

April Fool's Day not only heralds another change in the way the NHS is organised, but it also provides a further boost to the role LPCs have to play in health services development. It comes as no surprise to me that in places like Dorset, where the health commission has taken a lead in bringing pharmacy in from the cold, there has been a long and fruitful dialogue with Dorset LPC. In other areas, where the awkward squad are in charge, the words 'pharmacy', 'development' and 'budget' never meet in the same sentence, and there is a real danger that pharmacy will find itself consigned to a quiet backwater.

LPCs have to develop a professional and proactive role with health authorities. They may have to work more professionally, and take their responsibilities to all contractors more seriously – the LPC of the future may not be the place to go because you are at a loose end on a Wednesday. Aylesbury may not be keen, but the NHS reality is the only reality that counts.

#### N IRELAND NOTEBOOK

### Success story?

When I was informed that I was to receive pre-payment certificates to sell to the public, I was uninspired and imagined they would remain unsold. To my surprise, I have had to re-order supplies of both types, and customers who have purchased have expressed genuine gratitude for the inconvenience I have saved them.

Like my customers, the Central Services Agency has expressed "delight" at the "exceptionally successful" scheme and, 1 might imagine, by involving us, there is now greater availability of certificates which might reduce the script fraud that the Government suspects is rife. Yet it is possible that its delight is based more on how it has managed to get pharmacists to take on the scheme for such a ludicrous fee.

One colleague has already expressed his anger (*C&D* **Letters**, November 11) and in all he says I give him my full support. It seems the Pharmacy Contractors Committee has totally lost its marbles. It appears to forget one thing: I must make a profit to stay in business. I must, therefore, involve myself in profitable enterprises.

I did not particularly want to provide pre-payment certificates and I object strongly to having to do so for no profit. If a certificate should go astray, I will have to pay for it – I would have to sell a

## Pre-payment certificates: the scheme is not worth the hassle

lot of certificates before I got back the cost of even a fourmonth one. The scheme, in spite of the platitudes of my customers, is not worth the hassle.

I'm no expert negotiator, but even l know that, in negotiations, there must be a baseline, a point below which you are unwilling to go. The PCC has gone well below any sensible baseline and has accepted a deal that is a slur on the professionalism of every contractor in Northern freland. More importantly, this sets a bad precedent for future negotiations.

Because they got away with it this time, Government departments will be expecting a similar humiliation the next. It's time to say 'No'. Terminate this current agreement on pre-payment certificates and then see what the scheme is really worth to the CSA.

Written by a practising Northern Ireland community pharmacist.

## Teaching an old formula new tricks

After all the hype, we now know the identity of Diomed's latest offering to community pharmacy, a 'new' foot cream called Toepedo (*C&D* March 30, p515). I had prior warning of the launch through teaser ads, but not the identity of the product, so I have been consumed with impatience for some weeks.

I am sure that Toepedo will be demanded by the public and will provide me with excellent profits. However, while previous products were either genuinely original, like Ibuleve and Otex, or expanded a stagnant market with a proven modern formulation, like Bazuka, this time I am being asked to support the use of 'Whitfield's Ointment' against the most effective imidazole antifungals!

According to the *BNF*, 'Whitfield's Ointment' is "quite effective, but cosmetically less acceptable", so herein perhaps lies Toepedo's salvation. The active ingredients may be old-fashioned, but they are effective and, in this more modern formulation, perfectly acceptable for my recommendation.

Most importantly, Toepedo is a P product. Therefore, when a company like Diomed is not only prepared to nail its flag to the pharmacy mast but is also investing £1.5 million in promotion, then I am prepared to suppress my initial cynicism and unashamedly sell for £3.95 what in another guise sells at 85p!

### The buying power battle

It seems that the big pharmaceutical companies are having problems in the US, with the Federal Trade Commission investigating accusations of price-fixing designed to artificially maintain the cost of drugs and thereby overcharge independent pharmacists (*Guardian* March 27). Now, I cannot speculate on the outcome of this investigation, but I do know that not

### Topical Reflections



dissimilar events are occurring in the UK, with the prices charged to independents being substantially different from those enjoyed by the large retailers.

As an independent, I neither have the buying muscle of a multiple, nor the advantage of its vertical integration, so I stand to lose both ways when attempting to buy branded pharmaceuticals at competitive rates. When Ventolin inhalers can be supplied against open scripts for salbutamol, then that multiple must be buying in a different market place from mine.

I consider that this so-called 'competitive purchasing' is blatant discrimination against the independent. The NHS fee structure, which is squeezing my profitability, is irrelevant to the multiples, which use their vertically-integrated windfall profits to fund add-on services at no further charge to the NHS, but in direct competition with the independent sector.

Exhortations of fair play to Glaxo *et al* have, so far, fallen on deaf ears, but perhaps the threat of a legal confrontation might produce a more level playing field.

### Looking for an oldfashioned relationship

Smithkline Beecham has launched its new approach to community pharmacy marketing in a blaze of publicity. My experience of the old Beecham was of a company thinking like grocers and selling to pharmacy, so this change of emphasis is very welcome. However, the proof must lie with the company's new representatives ... sorry, territory business managers.

But, whatever their title, these 'knights of the road' are the essential link between manufacturer and retailer. To me, consistency of representation and an understanding of my problems have always been necessary requirements to developing a mutually-beneficial relationship, but SB is correct in recognising that proper scientific training is also now essential.

In fact, this whole programme of change reminds me of the past, when most OTC medicines reps were trained pharmacists, respected and treated as equals. SB's new territory business managers may not necessarily be pharmacists, but hopefully their training and background will enable the re-establishment of those old-fashioned relationships.

### SCRIPTspecials

### Colomycin Powder

Colomycin Sterile Powder batch number 60161 has been mislabelled for potency. The correct potency is 19,470 units/mg. Pharmax says stock should be returned to wholesalers for credit and replacement stock will be available as soon as possible. Pharmax Ltd. Tel: 01322 550550.

### Carbo Dome Cream

Lagap Pharmaceuticals says
Carbo Dome Cream 30g and 100g
preparations will be available
again from April 12. Due to
manufacturing difficulties, the
product has been off the market
for eight months and over this
period the cost of raw materials
has risen. The new basic NHS
prices are £3.95 (30g) and £8.93
(100g).

Lagap Pharmaceuticals Ltd. Tel: 01420 478301.

### Comfeel:Plus on Drug Tariff

Comfeel:Plus Contour Dressing from Coloplast is now available on the Drug Tariff. It is specifically designed to fit difficult to dress areas, such as heels and elbows. It is available in two sizes (6 x 8cm and 9 x 11cm from May 1). The addition of alginate and an adaptive polyurethane film enables the new hydrocolloid to absorb twice as much fluid as the traditional ones.

Coloplast Ltd. Tel: 01733 311188.

### **CRCs for syrups**

Bottles of Ventolin and Piriton syrups are now fitted with a child-resistant cap to enhance safety and each pack includes an improved patient information leaflet. Zantac syrup also comes with a child-resistant cap. These changes have been made in response to the Patient Pack initiative.

Glaxo Wellcome UK Ltd. Tel: 0181 990 9000.

### HRT language tapes

Wyeth Lederle has produced audio information tapes giving advice on the menopause and hormone replacement therapy in six different languages: Gujarati, Punjabi, Bengali, Urdu, Hindu and Cantonese. The tapes are only to be made available to women being prescribed period-free HRT via their GPs.

Wyeth Laboratories. Tel: 01628 604377.

### Ciba launches HRT matrix patch

Ciba Pharmaceuticals has extended its range of hormone replacement therapy products with the introduction of a new transdermal patch.

Estraderm MX is a square, selfadhesive, transparent, transdermal therapeutic system consisting of an impermeable polyester backing film and an adhesive matrix containing 17-beta oestradiol. It releases oestradiol across the skin into the circulation at a low, sustained rate for up to four days.

The reservoir system used in Estraderm TTS results in a relatively bulky patch. In contrast, the drug/adhesive matrix of Estraderm MX produces a thin flexible patch, which is more cosmetically acceptable to users.

The new patches are available in three strengths, releasing 25, 50 and 100mcg/day. A patch (the lowest effective strength) should be applied twice weekly on a continuous basis, each used patch being removed after three to four days and a fresh one applied to a slightly different site.

Occasionally, patients report transient redness or irritation and there have been isolated cases of rash. Exposure of Estraderm MX patches to ultra-violet light (eg sunlight) results in oestradiol degradation. Therefore, after removal from the pouch, the patches should be applied inunediately to sites covered by clothing.

The basic NHS prices of Estraderm MX 25 are \$6.75 (eight patches) and \$20.25 (24); Estraderm MX 50, \$7.45 (eight) and \$22.35 (24); and Estraderm 100, \$8.20 (eight) and \$24.60 (24).

Ciba says that at present Estraderm MX is an alternative to, rather than a replacement for, Estraderm TTS.

Ciba Pharmaceuticals. Tel: 01403 272827.

#### **MEDICAL MATTERS**

### New guidelines for OTC treatment of hayfever

The first-line treatment for mild hayfever is antihistamines, while moderate to severe symptoms should be treated regularly with anti-inflammatory sprays, adding antihistamines to the regimen if necessary.

These are the key points in guidelines for the OTC treatment of hayfever developed by the British Society for Allergy and Clinical Immunology. Antihistamines are effective for the relief of sneezing, runny nose and itching, but have little effect on nasal blockage, said Dr Glenis Scadding, consultant physician in clinical immunology, allergy and rhinology, when launching the guidelines last week.

She recommended that sufferers of moderate to severe hayfever should start using corticosteroid nasal sprays from about mid-May, before symptoms

occur. Sodium cromoglycate had the disadvantage of three to four times daily dosing, but could be used in children aged five and over. Both were effective against nasal obstruction.

Topical nasal decongestants should be used only for transient relief of blockage. Eye symptoms could be controlled by antihistamine/vasoconstrictor drops as required and/or regular sodium cromoglycate for prevention. Corticosteroid eye drops should be used only by specialists and not GPs, she thought.

The full guidelines, supported by a grant from Beconase Hayfever, will be available as an insert in next week's *C&D*. They give the contra-indications, drug interactions and possible side-effects of hayfever remedies, together with recommendations for GP referral.

### Lamplight kills skin cancer cells

A lamp, no bigger than a household toaster, which is 20 times cheaper to buy and operate than conventional lasers, can kill cancer cells, offering new hope in the fight against skin cancer.

The lamp, invented by Dr Colin Whitehurst, a Cancer Research Campaign scientist, cools an arc of concentrated light and channels it through a series of optics. A flexible guide directs the light onto the cancerous skin, which has been treated with a photosensitive substance. The treatment, which can be applied on an outpatient basis, takes about 45 minutes, during which time the patient can relax or read a book. Symptoms are usually completely relieved in a few weeks with little, if any, scarring.

More than 150 people with a variety of skin cancers and other skin disorders have been successfully treated with the device. Doctors are so encouraged by the results that they are planning tests for brain, breast, prostate, bowel and gynaecological cancers, as well as psoriasis. At present, the lamp does not work for melanoma, but further adjustments of the procedure may change this.

The low cost of the device, combined with its portability, will allow its widespread use.

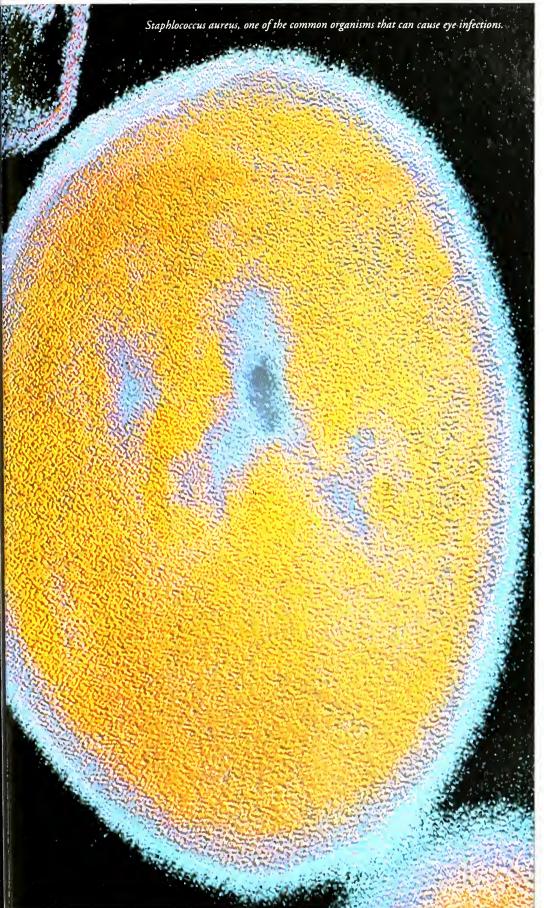
### Male contraceptive as effective as Pill

An international team of researchers has found a contraceptive for men that in trials has proved to be as effective as the oral contraceptive Pill for women.

A two-year trial involving 400 men found that 60 per cent had their sperm count reduced to zero by a weekly injection of testosterone. In a further 38 per cent, sperm counts fell to below the critical level producing a failure

rate of only 1.4 pregnancies per 100.

The high circulating levels of testosterone cause the body's production to fall. A minority did suffer side-effects, such as acne and mood changes. However, the frequency of injection did not appeal to most men and trials are already under way with an injection which only requires administration every four months.



## When there's more than just something in their eye

You won't see these little chaps in your customers' eyes. But you should be able to tell an infection by the look of it—redness, discharge, grittiness.

That's when you know you can trust in Brolene, the first-choice recommendation for eye infections in pharmacy.

Available as ointment or drops, Brolene works hard against infection, yet is gentle on the eyes.

Brolene: anti-bacterial action against conjunctivitis, blepharitis, styes and other minor eve infections.



**Brolene** 

The No.1 pharmacy eye care product for infections.

BROLENE Active Ingredients: Eve Drops Propamidine Isethionate 0.1% w/v. Eve Ointment. Dibromopropamidine Isethionate 0.15% w/v. Indications: Eve Drops. To observe of new of proper in process infections. Eve Ointment. Treatment of minor eve and evelid infections. Dosage: Eve Drops. One or two drops up to four times daily. Eve Ointment. Apply once or twice daily. Contra-indications: Hypersensitivity to ingredients. Precautions: Blurring of vision may occur on administration. Patient should not drive or operate machinery until vision is clear. It vision becomes disturbed symptoms become worse or no significant improvement occurs after two days, use should be discontinued and medical advice obtained. Eve drops should not be used with soft or hard contact lenses. It pregnant or breast feeding use only if considered essential by physician. Side Effects. Hypersensitivity. Price: 10ml Eve Drops. RSP £2.99 Trade £17 80 [10]. 5g Eve Ointment. RSP £3.19 Trade £19.00.10. Legal Category: P Product Licence Number: Eve Drops. PL0012/5087R. Eve Ointment. PL0012/5086R. Rhône-Poulenc Rorer. RPR House. St. Leonards. Road. Eastbourne BN21.33/G. Date of Preparation: May 1995.



### COUNTERpoints



### Leaflet support for Nelsons' relaunch

'Natural first aid for your family' is a new consumer leaflet to support the relaunch this month of Nelsons' homoeopathic skin creams.

The leaflet will be available in a holder for siting next to a new counter display unit which holds three units of each of the top four-selling creams (Arnica, Calendula, Hypercal and Tea Tree). Each tube retails at \$3.30.

A Nelson & Co Ltd. Tel:

0181 780 4200

Callanish targets mass market VMS sector

A new budget-priced range of six nutritional supplements is being launched by Callanish Nutritionals.

The range includes:

Evening Primrose Oil capsules (60 x 500mg, \$4.25; 90 x 1,000mg, \$6.99) combined with vitamin E to prevent oxidation of the constituent GLA (gamma linolenic acid) and LA (linoleic acid)

Cod Liver Oil capsules

Cod Liver Oil capsules (60 x 500mg, \$4.25), plus Cod Liver Oil Forte capsules, including vitamins A and D in a one a day formulation (30 x 500mg, \$2.99)

• Marine 50 capsules (60 x 500mg, \$4.55), a concentrated fish oil formulation rich in eicospentaenoic acid (EPA) and docosahexaenoic acid (DHA)

Omega Combination capsules (30 x 500mg, \$3.25), a combination of omega-3 and omega-6 essential fatty acids in the form of evening primrose oil, fish oil and vitamin E

• Multivitamins & Minerals with Iron capsules (60 x 700mg, \$4.55), containing over 20 different vitamins and minerals in a one a day formulation.

Distribution negotiations with pharmaceutical wholesalers are under way at the moment and Callanish Nutritionals' managing director, Michael Barber, expects to see the range available within the next six to eight weeks. In the meantime, product is available direct. Some lines are already on-shelf with Lloyds, Holland & Barrett and supermarket chain Somerfields.

Trade support will be specific to each account, says Mr Barber. A programme for the independent sector is being put together now and is likely to include money-off offers and cross-promotions.

A consumer public relations campaign in support of the range starts in early April.

Advertising is anticipated in the autumn "when we see how the range settles down in the market place", says Mr Barber.

Callanish Nutritionals is a subsidiary of Scotia, which makes the Efamol range of supplements. Scotia's nutritional sales fell by 8.6 per cent last year, and the launch of the Callanish range is part of a strategy to reverse the decline. Callanish Nutritionals. Tel: 01786 895395.

### Triludan shows off

Triludan brands are being supported by new POS material this year. A reversible window display can be used for Syndol after the hayfever season, as can a counter unit which has a reversible header card.

An assistant training pack includes a quiz offering \$100 in Marks & Spencer's vouchers as prizes and consumer leaflets offer the chance to win a high-filtration vacuum cleaner. A showcard and

prescription signing board are available, together with bonus deals.

Consumer support includes a revised version of the 'Allergy Digest', the 'Hayfever in the garden' leaflet, consumer education booklets and a direct mail campaign targeting hayfever sufferers who have replied to questionnaires in previous years.

Hoechst Marion Roussel



### New additions for Ceuta

Ceuta Healthcare has taken on the distributorship of two new products: Isla-Mint and Zanzarin.

Both products are currently unlicensed and come from the German stable of Engelhard Arzneimittel.

Isla-Mint are herbal lozenges for the throat, which are made from lceland Moss extract. A pack of 30 lozenges will retail at £2.49.

Zanzarin is a coconut oil-based natural insect repellent. It is available in one size only (100ml) and retails at £4.99.

Ceuta has also recently taken on the distribution for both Arkopharma's brands (including Arkocaps and Phyto Bronz) and the licensed OTC products of Torbet Laboratories (including Fam-Lax and Dentogena). Ceuta Healthcare. Tel: 01202 780558.

### Clarityn Allergy on display

A new range of point of sale material is now available to support newlook Clarityn Allergy.

The bright blue and green POS includes a

pyramid counter display unit, window display and shelf edger.

Schering-Plough Consumer Health. Tel: 01707 363739.



### New once a day Terfenor

Norton Consumer is introducing two new additions to its Terfenor 'P' range.

Terfenor Forte is a once a day adult dose containing 120mg of terfenadine. It retails at \$3.89 for a pack of ten tablets. A 30mg dose is also being introduced, suitable for those who take a lower dose of antihistamine, including

children. A pack of ten 30mg tablets retails at \$1.89.

The two new doses join the regular 60mg dose tablet (\$2.39 for ten)

Norton is also making a consumer leaflet free to pharmacies, which gives advice on possible drug interactions.

Norton Consumer. Tel: 01279 426666.



















### THE LITTLE YELLOW BOX THAT'S A GREAT

ANADIN\* reinforces its leadership with its highest ever brand share of 18.4% in the analgesics market<sup>†</sup>

\*Trade Mark

†Source: Intescan

Side Ettects

Contraindications Interactions: Ma.

Pharmaceutical Precautions: Oate of Preparation:

Legal Category:

### Jungle fever hits at Vantage

Eddie the elephant is packing his trunk and heading for a Vantage pharmacy near you ...

Cartoon character Eddie fronts Vantage's new eight-month businessboosting programme. The campaign has three aims: to increase awareness

of branded OTC sales to increase footfall and

awareness of the Vantage and Naturewise brands to raise £10,000 for 'Care for the Wild', which re-introduces orphaned

elephants to the wild. Themed promotions will include 'Trumpet Your Own Success', which relates specifically to Vantage and Naturewise products

Throughout the campaign, weekly 'Trunk Calls' telephone competitions will test assistants product knowledge, with the big prize being a twoweek holiday in Kenya. A similar holiday is on offer to pharmacists who find a gold-coloured version of Eddie in one of their display pack envelopes. **AAH Pharmaceuticals Ltd.** Tel: 01928 717070.

Exclamation Eau is the

from Coty which carries

action on-pack of 'Make

successful Exclamation

new youth fragrance

the Nineties' call to

A sister to the

teen scent, Eau is a

fresher and lighter

it happen'

Make fragrance sales

happen with Coty

Radox Wheatgerm a natural extension

Sara Lee is further enhancing the healthy skin proposition in the bath and shower market - a sector the company pioneered with its Sanex range – by launching Radox Wheatgerm.

All products in the range contain natural wheatgerm oil, which is rich in vitamins E and F. The three products are: shower gel (200ml, £1.89), foam bath (750ml, \$2.99) and bath and shower gel (500ml, £2.69). Packs carry the

strapline. 'Keeping skin as nature intended'.

Sara Lee is offering independents an introductory offer of 20 per cent off the shower gel, which will be featured at \$0.99 to stimulate trial.

The launch is to be

spicy top notes of

bergamot, orange.

nutmeg and coriander,

with a warm, woody

background of cedar,

oakmoss and vetiver.

and white, the range

Packaged in bright blue

The May launch is

POS material is

comprises: eau de toilette

(15ml and 30ml at £5.95

supported by a \$1.4 million national television advertising campaign which breaks in June.

Sara Lee is also launching the first branded aromatherapy bath range: Radox Aromatherapy. Available contain

of \$2.39

real essential

body and soul'.

advantage of an

introductory offer

enabling an initial price

The company is also

active in the liquid soap

market with the spring

relaunch of its Radox

Supersoap. Packs are

'Radox'-branded and

been included. The

Moisturising (pink),

two new variants have

range comprises: Fresh

(colour-coded yellow),

Hand & Nail (peach) and

Clean Gel (blue). Radox

available in outers of six.

Supersoap is also now

Household & Personal

Care. Tel: 01753 523971.

Sara Lee UK Ltd

now more clearly

oils. Packaging carries

the tagline, Time out for

Independents can take



bottles. All variants

Nutricia addition

**Nutricia Dietary** Products has introduced Loprofin Roll to its range of low-protein foods. Its recipe makes it a softer, tastier bread, claims the company. **Nutricia Dietary Products** 

### Robinson's cut above

Ltd. Tel: 01225 771801.

Robinson Healthcare is running its seasonal free scissors promotion on Fastaid adhesive plasters (both fabric and waterproof versions). The promotion continues until May.

Robinson Healthcare, Tel: 01246 220022.

### Free Nappy Sacks

Poly-Lina is running a trade promotion on its Nappy Sacks: one pack of 50s free with every case of ten and one pack of 100s with every case of six. Consumer activity comprises a free trial pack and a £0.20 off next purchase coupon. Poly-Lina Ltd. Tel: 0181 804 8141.

### Vantage vitamins

Discounts of 17.5 per cent are available on the Vantage range of vitamins and supplements from now until May 18. And, until April 28, there is still 15 per cent off normal trade prices on two or more outers of the 350ml Vantage hand wash. AAH Pharmaceuticals Ltd. Tel: 01928 717070.

### A lot of Aquaprot

Aguaprot is a new fish gelatin, an unlicensed product said to be beneficial as a supplement to arthritis sufferers. A daily dose of 10g is recommended. One month's supply retails at

Aquagel Ltd. Tel: 0181 458

### Dental distributor

**Ameuro Products has** resumed distribution of The Doctor's Tooth Polisher and all other **Dental Concepts'** products. Currently, one free refill kit (worth £2.89) comes with each polisher. Ameuro Products Ltd. Tel: 0151 527 1964.

in three variants -Uplifting (with almond and macadamia). Harmonising (with rosemary and eucalyptus) and Soothing (with lavender and orange) - they will retail at \$2.99 for 200ml



### Relax with Naomi Sims

Naomi Sims Relaxer is the latest addition to the Afro hair care range

It conditions and moisturises the hair, while simultaneously eliminating tight, frizzy effect in less than one hour and is a non-lye formulation.

Available in three strengths, it retails at \$15.75Cecile Distribution. Tel:

### Revlon's staying power

Colourstay Makeup, boasts that it "stays put all day" and won't rub off on clothes.

The formulation is a blend of polymeric materials in a silicone base emulsion which gives it its long-lasting qualities. The fragrancefree formulation also includes an optical diffuser (to minimise lines), treated pigments (for easier application), vitamin E and an SPF 6.

Available in six shades, it retails at £11.50. Revion International Corporation. Tel: 0171 629 7400.



Revlon's new foundation,

**CHEMIST & DRUGGIST 6 APRIL 1996** 

## When you want Results you want Nailoid







Do you want the sort of Results which come from putting £445,000 behind an established nailcare brand?

The sort of *Results* which come from a high-impact advertising campaign reaching over three million potential customers?

The sort of *Results* that come from a popular product re-packaged for today's market?

If you do, you want *Results* from Nailoid – 12 proven products to solve any kind of nail problem.

With that sort of push behind a proven nail treatment range, your customers will be asking for *Results* by name.

Our Results will mean financial Results for you.

Nailoid *Results* is available from all leading distribution houses, including Unichem, AAH and Gillespie & Co Ltd, distributors for N & S Ireland.

Please contact Juleen Harrhy on 01685 843384 for further information.

### Face up to sun care with Clarins

Clarins is introducing Clarins After Sun Skin Conditioner this May, a light-textured cream specially formulated to treat sun-exposed facial skin.

The product's key ingredients are: polysaccharides to moisturise; siegesbeckia orientalis and mimosa tenuiflora to repair and revitalise; palm oil and shea butter to nourish; and licorice phytosome to soothe and desensitise.

Presented in a white and yellow 40ml pot, it will retail at £15. Clarins (UK) Ltd. Tel: 0171

629 2979.

### New shades for Scholl legs

Scholl is launching new shades in its 753 Anti-Fatigue Tights and Lite Legs

It is also backing the brand this year with a \$600.000 advertising spend, starting with a campaign in the women's press.

The 753 brand is now available in four shades (black. sand, honey and navy), while Lite Legs is now in seven shades (natural, caramel, mink, grey, navy, nearly black and black).

New shade cards and hanging swatches are available, as are Perspex leg displays for window



Scholl has also produced two new educational leaflets, available free of charge. They explain how

support hosiery works and its benefits. They are available from company representatives by telephoning Scholl customer services (01582 443300) or by writing to: **Scholl Hosiery** (Chemist & Druggist), Lyons **Waddell**, 11-12 **Bouverie Street,** London EC4Y 8AH.

### Werther's promo

Werther's is offering 13 x 150g bags of Werther's Original for the price of 12. The promotional outers, which display 'one bag free' flashes, are available from this month. Bendicks (Mayfair) Ltd. Tel: 01962 844800.

### On The Stage

A free packet of Vocalzone is to be attached to the 6,000th edition of The Stage theatrical newspaper, which is published on April 11.

Kestrel Healthcare Ltd. Tel: 01962 866449.

### Polaroid's PDC-2000

Polaroid is launching its PDC-2000, the first digital camera to combine professional-quality images with point and shoot ease. It is aimed at professional users. Polaroid (UK) Ltd. Tel: 01582 632209.

### Spectacular eyes

**Spectacular Cosmetics** has a new range of single powder eyeshadows available in six colours (£1.50). The range complements the existing kohl pencil liner (£1.20

**Spectacular Cosmetics.** Tel: 0181 903 2030.

### APS in-store date

Fuji's Advanced Photo System Nexia film and Fotonex cameras now have a confirmed in-store date of April 22. Fuii Photo Film (UK) Ltd. Tel: 0171 586 5900.

### Video nasty

'Living with Migraine' is a new educational video which shows nonmigraine sufferers exactly what it's like to have one. It is available from local Glaxo representatives. Glaxo Wellcome UK Ltd. Tel: 0181 990 9000.

### Top choice for athletes

Starion International is celebrating its appointment as the official licensee for men's toiletries for this year's Olympic Games by launching a new product

Top Sports Atlanta is a new men's range packaged in the official Georgia green livery of the Atlanta games. There are five grooming products: after shave eau

de toilette spray (100ml, \$3.95), shower gel (250ml, \$1.75), deodorant body spray (150ml, \$1.75), deo stick (75ml, £1.75) and antiperspirant deo roll-on (50ml, \$1.75).

All products have a refreshing scent with top notes of bergamot, lemon, lavender and galbanum. Starion International. Tel: 0181 585 2513.

Low-cost batteryoperated toothbrush

Dent-o-care is introducing Hapika, a battery-operated toothbrush which retails at \$14.95 - making it the most economic electric brush on the market.

It has a compact head with rounded-end nylon filaments and an

ergonomically-designed handle. It is available in three colourways - pink, blue and green.

A counter display unit which holds six brushes and six refill packs is on offer at a 10 per cent discount.

Dent-o-care Ltd. Tel: 0181 459 7550.

### Simple on

Smith & Nephew is introducing a twotier trade promotion over the next two months to support the relaunch of Simple.

The promotion enables both large and small pharmacies to offer trial-size product with every Simple purchase. Pharmacists will also receive new point of sale with either a counter top trial



merchandiser or floorstanding unit designed in the new Simple livery. Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.

### Super styles from Superlifter

Philips' latest hair care appliance is the Superlifter Styler HP4488, a more powerful addition to the Pro-Air styler range.

With 400w of power, it comes with three attachments: the Superlifter for extra volume, a retractable bristle brush and a volumiser.

The shape of the Superlifter attachment has been curved to follow the shape of the head, while its nine 'fingers' have speciallypositioned vents which get the air right from the end of each 'finger' to the roots of the hair. It also has two speed settings.

Styled in pastel blue and cream, the IIP4488 retails at £19.95. Philips DAP Ltd. Tel: 0181 689 2166.





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### THE MOST **EFFECTIVE** DANDRUFF SHAMPOO IS ONLY **AVAILABLE FROM** YOU

**No 1 prescription treatment.** Nizoral shampoo is the leading prescription treatment for dandruff, trusted by GPs and dermatologists alike for its efficacy and safety. Now its clinically proven formula is available without prescription as Nizoral Dandruff Shampoo; backed by the promotional investment to ensure commercial success.

**Exclusive pharmacy opportunity.** New Nizoral Dandruff Shampoo contains ketoconazole; which is more effective against the fungus that causes dandruff and seborrhoeic dermatitis than selenium sulphide, zinc pyrithione or tar. Yet it is gentle and odour-free. It is the most effective and pleasant treatment dandruff sufferers can buy - and they can only buy it from you.

£2,000,000 national launch. National TV, press and magazine advertising, plus PR and point-of-sale materials will be making sure sufferers get the message. As over 40% of the population have dandruff at some time, the sales potential is enormous. For one of the best pharmacy opportunities in years, recommend Nizoral Dandruff Shampoo.



### First aid for dandruff

PRODUCT INFORMATION: Presentation: Pink, unperfumed shampoo containing ketoconazole 20 mg/ml. Uses: Prevention and treatment of dandruff and seborrhoeic dermatitis.

Dosage and Administration: Adults, Elderly and Children: Wash hair and leave for 3-5 minutes before rinsing. For the first 2 to 4 weeks - use every three or four days to clear dandruff. Thereafter, use once every 1 or 2 weeks to prevent dandruff from coming back. Contra-indications: Hypersensitivity. Precautions: To prevent a rebound effect, withdraw topical scalp steroids gradually over two to three weeks, or as directed by your doctor or pharmacist. Side Effects: As with other shampoos, local burning, irritation, oily/dry hair or increased hair shedding may occur but are rare. Rarely in patients with chemically Ketoconazole

damaged or grey hair, a hair discolouration has been seen. Pregnancy: Can be used during pregnancy and lactation. Legal Category: P. Product Licence No: 0242/0140. Package quantities, Price: 60 ml Bottle £5.45 (33% POR). Date of Preparation: December 1995.

Full prescribing information is available from licence holder: Janssen-Cilag Ltd, P.O. Box 79, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ, Nizoral is a registered trademark.

Johnson Johnson MSD

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IS PAID AND FREE OF DISPATES.

### Rimmel makes it onto the small screen

Cosmetics brand Rimmel made its television debut this week

Bearing the tagline, 'There are no limits', the ad leatures two girls enjoying life to the full, while experimenting with make-up. In line with other big advertisers. Rimmel has used chart music to reinforce its. campaign, supplied by Supergrass.

Rimmel International Ltd. Tel: 01233 625076.

### **ON TV NEXT WEEK**

Alberto V05: C, NNW, N, STV, HTV, M, A, W, U, G & S4C

Ambi-Pur Perfume: All areas except U

Cow & Gate Step-Up Follow-On Milk: STV, G

Johnson's Baby Moisturising Bath: All areas

Johnson's Kids Bubble Bath: All areas

Johnson's Kids Shampoo: All areas

Neutrogena T-Gel Shampoo: All areas

Nizoral Dandruff Shampoo: CAR, LWT, C4 & satellite

Nurofen Plus: All areas

Nvtol: All areas

Polaroid: All areas

Rennie: All areas

Sanatogen Gold: All except GTV, HTV & TSW

Setlers: All areas

Seven Seas Cod Liver Oil: C4, S4C

Wrigley's Sugar-Free: All areas

GTV Grampian, B Border, BSkyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry

Alan is the new 'Wallace & Gromit'-style spokesman for Setlers.

Alan makes TV debut

as Setlers' spokesman

Star of a new television campaign worth \$750,000 which broke this week, Alan is "a likable indigestion sufferer with whom

### **Optimising Opticrom**

Rhone-Poulenc Rorer is backing its Opticrom Allergy Eyedrops with a new multi-media campaign. The brand will be advertised on radio, in the women's press and national newspapers.

For in-store support. there is a new range of point of sale material. The company is also running a stock and display competition with 1,200 towels up for grabs. Opticrom Alleray Eve

Drops currently claims a 54 per cent share of the cromoglycate sector. Rhone-Poulenc Rorer Ltd. Tel: 01323 534000.

everyone will be able to identify", says the product's manufacturer Stafford-Miller.

It is the brand's first television campaign for three years. Stafford-Miller Ltd. Tel: 01707 331001.



### Beconase back on TV again

Beconase Hayfever will be supported by its largest-ever media spend this season. A \$2 million campaign starts in May and runs through to July.

The key message is that Beconase Hayfever is suitable for prevention as well as treatment, following the recent

licence change which added hayfever prophylaxis as an indication.

• Warner Wellcome says that hayfever affects almost 15 per cent of the population.

Warner Wellcome Consumer Healthcare. Tel: 01495 750049.

### Feminax helpline for sufferers

Roche Consumer Health has set up the Feminay Information Bureau, a 24hour helpline with recorded advice on painful periods.

The line (0345 573700) gives sufferers advice on the causes, symptoms

and treatments.

It was scripted in conjunction with Dr Ellis Downes, an awardwinning medical journalist and practising doctor.

Roche Consumer Health. Tel: 01707 366000.

#### **LETTERS**

### Splinter groups can be constructive

I do not wish to make any personal judgment on the quality or validity of the correspondence involving members of the PSG which appears to have upset Mr Thomas (Letters March 23), neither am I qualified to do so in any way, especially as the vagaries of locum life preclude my reading of C&D every week.

I would, however, question the validity of Mr Thomas' statement that splinter groups come and go "leaving nothing permanent for the profession". The vociferous splinter groups, in whatever guise they might appear, are manifest as the froth of discontent on the simmering, or even boiling vessel from which they have arisen.

The astute manager will take serious note of their discontent, for therein he may find a long-sought resolution to their problem.

Splinter groups, furthermore, contribute to the opinionforming process by offering fresh perspectives; sometimes they reveal fresh information or offer an illuminating interpretation of current data. At best they can contribute positively and most certainly do leave something permanent for the profession.

Even Mr Thomas may not be aware that the constitution of the National Pharmaceutical Association probably owes its origins, as expressed in its articles and memorandum of association, largely to the activities of the 'splinter group' which formed the Counterbalance association of contractors.

Counterbalance enjoyed a proper structure as a company limited by guarantee whose pedigree was established in the cloisters of Lincoln's Inn, nurtured by such stalwart pharmacists as John Williams and Peter Dean.

In the trail of Counterbalance

the NPA became a betterstructured organisation, and the more representative PSNC arose from the ashes of the Central NHS (Chemists Contractors) Committee.

Many of us from that generation firmly believe that Counterbalance had a positive and constructive influence upon the establishment.

One might even say that the constitution of the body on which Mr Thomas serves is modelled upon that of a 'splinter group'. R Idris Hughes

Treflw, Gwynedd

### Shared patient databases – the way ahead

We note with interest the comments from Professor Peter Novce and Dr Huw Thomas in the British Medical Journal on the keeping of patient medication records containing full drug histories - both doctor prescribed and counter prescribed.

This is further recognition that Park Pharmacy Systems is at the forefront when it comes to the needs of community pharmacy. The standard Park PMR comes with a full OTC file so that counter prescribed medicines can be fully recorded in each patient's PMR. Indeed, each OTC preparation is also coded so that any possible interaction with current prescription medication or patient disorder will alert the user so that inappropriate sales can be avoided.

We can also supply a 'counter counselling' unit which, networked to the dispensary computer, can be mounted conveniently on the pharmacy counter. Multiple branch pharmacies can also benefit from having a shared patient database. OTC sales in one branch of a pharmacy can be checked against prescription records, as all branches share the same patient medication records. Michael Lewis

Park Systems

### NPA 'no objections' to Lloyds' takeover bids

Other retail pharmacies are unlikely to be significantly affected by either Unichem's or Gehe's takeover bid for Lloyds, the National Pharmaceutical Association is to tell the Monopolies and Mergers Commission.

NPA Board members agreed that they have no strong objection to either takeover bid. Members who were close to Lloyds' branches would simply see a change of competitor's name.

The NPA will point out to the MMC that the loss of the Daniels wholesaler arm would not be in the interests of members or the public, since a second wholesaler is a back-up to ensure that all prescriptions are dispensed with reasonable promptness.

NPA training The Board welcomed the news that both NPA training courses for pharmacy assistants, Pharmacy Interact and the Medicines Counter Assistants course, have been accredited as meeting the Royal Pharmaceutical Society's training requirements, but re-affirmed its opposition to the \$5 certification

Recruitment Concern was expressed over community pharmacist recruitment. It was agreed that a meeting be sought with representatives of the RPSGB, jointly with Boots, if the company were agreeable, to discuss the problem.

Health and safety in small businesses The Board will respond to a discussion document on health and safety in small firms, pointing out the small number of accidents that occur within pharmacies.

Late payment NPA director Tim Astill has written to the prime minister to congratulate him on his crackdown on late payers.

Board loss NPA Board member Graham Delves is to resign as an Association representative on the PSNC. A new representative will be appointed in April.

Pharmacy Week The Board supported the RPSGB's view that the next Pharmacy Week should be deferred until at least 1998. A campaign in support of Resale Price Maintenance is expected to run through to 1997.

### Labour wants input on future of pharmacy

The Labour Party is formulating details of its approach towards pharmacies over the next six months and would welcome submissions from trade representatives and individuals.

Shadow health minister Henry McLeish says: "We are not going to have a detailed manifesto statement in this area. Rather, we want to be guided by the problems facing the industry and that is why I have asked for opinions over the next few months.

He says Labour will have to make decisions on government, but the abolition of prescription charges or even a reduction in fees is seen as highly unlikely. Mr McLeish says Labour is more interested in removing charges for eye tests for the elderly.

He adds that Labour would join the fight to retain Resale Price Maintenance.

### **Iechyd Morgannwg gives out price advice**

A patient leaflet explaining the prescription charge system is to be published by the three community health councils in the new Jechyd Morgannwg Authority (formerly West Glamorgan Health Authority).

Bridgend, Swansea and Neath & Port Talbot CHCs will publish the leaflet later this month. It is based on the Chester & Ellesmere Port CHC scheme to get patients to check if they can save

money on prescription charges by buying the product over the counter.

Richard Griffiths, the secretary of West Glamorgan Local Pharmaceutical Committee, says that the LPC advised the CHCs concerning patients obtaining P or GSL medicines more cheaply than the prescription charge, but adds that it would not support the recommendation to ask for private prescriptions.

### PSNC summarises complaints procedures

The Pharmaceutical Services Negotiating Committee has summarised the new unified procedures for dealing with NHS complaints in the latest *PSNC News*.

The PSNC advises pharmacists with any queries to contact it, as the following is only a brief guide:

 a copy of the practice leaflet and/or notice is sufficient to inform the health authority of the pharmacy procedures, but this must indicate to whom the complaint will be referred

🔴 patients should complain within six months, but this may be extended if the HA deems there is sufficient cause for delay contractors should acknowledge/respond within three working days

The HA complaints manager will deal with the complaint, along with the pharmacy representative. This will take the form of an informal investigation with a resolution within ten days.

Complainants who remain dissatisfied can refer their case to the convenor to consider an independent review, which will be decided within 20 days.

The HA will determine if disciplinary procedures are necessary. The three options open are: no action for a minor incident; informal action, or formal disciplinary action for cases which cannot be resolved locally.

### Restoration bid rejected

A Hertfordshire pharmacist, who was struck off for selling prescription drugs to a drug addict six years ago, failed in his bid to be restored to the Register last

Stanley Cohen of St Albans, Hertfordshire, had his application rejected by the Statutory Committee of the Royal Pharmaceutical Society, despite glowing references and promises that he had turned over a new leaf.

Mr Cohen was struck off following a hearing on September 28, 1994. The Committee heard that he had not worked since.

Richard Matthews, representing Mr Cohen, said he had been doing voluntary work for two pharmacies under close supervision in a bid to keep 'abreast' of changes in the profession.

Chairman of the Committee Gary Flather QC said: "It is not something that can be disposed of and forgotten about after 15 months off the Register.'

Mr Flather recommended Mr Cohen spent a total of three years off the Register before applying for restoration.



## PHARMACYupdate

### **Constipation**

How to cope with queries about this common complaint /



### The CJD debate

What are the risks associated with beef-derived medicines? //

### Team work

The second part of this series looks at multi-disciplinary teams in practice \( \frac{\partial}{2} \)

### Blockbuster

With National Constipation Day on April 16, Ross Groves, community pharmacist, CPPE tutor and audit facilitator for Sefton and North West Lancashire Health Authorities, takes a look at this very common – and often embarrassing – complaint

As every community
pharmacist will verify, the
British seem to be
obsessed with their bowels!
Several nations are given
stereotypical characteristics
associated with different
internal organs, but the lower
GI tract is the prerogative of
the inhabitants or our islands.

We are asked, several times a day, to recommend treatments for real or imaginary defects in the functioning of our compatriots' bowels. But how often do we give appropriate advice?

#### Definition

The definition of constipation varies between individuals. Some people seem to have been brought up to believe that, if a motion is not passed every day, there is a serious malfunction of the excretory mechanism. As pharmacists, we know that this is not necessarily true. Selfdiagnosis may be misleading!

Constipation can be defined in several ways. None of these insist on a bowel movement in every 24-hour period. In fact, only those people who pass less than three stools a week are considered constipated.

It is a changing in frequency of 'normal' patterns of bowel activity which is diagnostic of the condition. Three bowel movements a week may be quite usual for some people.

Faecal weight can be used to diagnose constipation in patients giving rise to concern. The 'normal' adult

excretes approximately 150g of faecal matter each day. This may not occur at a regular time, but indicates an average elimination of solid waste. Less than an average of 40g of stools are produced daily in constipated patients.

The act of defaecation is not normally painful, whereas in a constipated individual, the excretory process may be acutely uncomfortable and the stools produced hard and dry. The hardness may lead to straining and, in severe cases, to blood loss.

Patients who suffer from true constipation may complain of headache, a swollen abdomen and back pain. They are usually unable to eat as much as normal.

Infants often worry their relatives because their bowels



THE COLLEGE OF PHARMACY PRACTICE

This course (module 11), in association with multiple choice questions being published in C&D May 11, provides 1 hour of continuing education credit

### **OBJECTIVES**

 To define constipation
 To understand the underlying causes of the complaint

To be aware of iatrogenic causes

To highlight susceptible patient groups

 To list possible lifestyle modifications to counter the complaint

 To consider any suitable over the counter drug treatment

are either overactive or underactive. Elderly patients frequently complain of constipation and pregnancy may be a contributory factor in younger women.

#### Causes

On average, an adult will have between eight and ten litres of fluid passing through the duodenum and ileum. The majority of fluid is reabsorbed before reaching the colon. The slower the passage through the small intestine, the more fluid is absorbed. Most adults drink about two litres of fluid a day. This means that secretions account for a large percentage of the fluid in the gut.

Any agent which alters the motility of the gut will slow the passage of food along the

tract. The transit time through the intestines is of particular importance. Any increase in transit time usually leads to the formation of harder, drier stools because more water can be reabsorbed through the intestinal epithelium, eg the anticholinergics.

Drug therapy must be considered as a cause of constipation whenever a request is received. Opiate analgesics, diuretics and antidepressants can all induce constipation.

The tricyclic antidepressants have a direct influence on peristalsis, causing constipation at one extreme and diarrhoea at the other. Centrally-acting analgesics produce the same effect, but in an indirect way.

Fluid balance is of paramount importance in the production of 'normal' stools. Factors which affect fluid balance will also cause constipation or diarrhoea. Inappropriate doses or misuse of diuretics may lead to dehydration. Insufficient fluid intake will have a similar effect. Both scenarios could lead to constipation.



Constipation may be a symptom of a more serious condition. The possibility of a blockage somewhere in the intestines must be considered and the patient referred to a doctor immediately if such a possibility is suspected.

Continued on PII



CHEMIST & DRUGGIST 6 APRIL 1996

#### Continued from PI

Vomiting may be associated with the constipation, as well as severe pain of recent occurrence.

The patient may complain of alternate bouts of diarrhoea and constipation and the faeces may be described as hard pellets in the constipatory phase. Patients suffering from irritable bowel syndrome (IBS) or a carcinoma of the bowel may produce these symptoms. Referral for further investigation is, again, an absolute necessity in such situations.

Abdominal surgery may cause constipation due to the temporary paralysis of the bowel, which is caused by its being disturbed during an operation. Subsequent bowel movements may produce thin stools and the condition may take many months to resolve. Distension of the abdomen and 'wind' are frequently associated with the condition in such cases.

Haemorrhoid sufferers may complain of constipation. This is usually because the passage of stools is extremely painful. Blood may be present in the stools in some cases. Anyone complaining of fresh blood in the stools should be referred immediately.

Giving advice

One of the most difficult aspects of community pharmacy is convincing a member of the public that some form of drug treatment is not necessary for the condition that they describe! Yet sufferers of constination can frequently benefit from sensible advice on their lifestyle and eating habits.

If lack of fluid intake and insufficient fibre in the diet can cause constipation, it would seem incumbent upon any member of a healthcare profession to disseminate such information at every

opportunity.

The cultural wisdom in Britain has perpetuated the myth that regular bowel habits are necessary. Education is vital, we must attempt to inform the elderly that a reduction in motions is perfectly normal as they get older because they eat and drink less and do not exercise as much as they did in their youth. They cannot be expected to have the same bowel habits as they did when working or bringing up a family, but many believe that there is a serious problem if things change.

Younger people are still

subject to the same anxieties. Advice about diet may not be accepted at all.

Parents and grandparents may find it particularly difficult to accept that a change in diet or fluid intake is all that is necessary to treat cases of infant constinution. An increase in fluids and an adequate amount of fruit and vegetables should be sufficient to cure most children. The juice from an orange can be given to even quite young babies.

#### OTC laxatives

Many changes have taken place in the types of preparation available during the past 20 years. Many popular remedies have now been withdrawn or are no longer recommended.

Stimulant laxatives

These preparations (bisacodyl, glycerin, senna) are the ones which seem to be most subject to abuse. This may be because they have the fastest mode of action of the palatable laxatives available. As their name suggests, they work by increasing motility through a local effect on the nervous system of the intestines.

A satisfactory dose may be difficult to determine and side-effects may include stomach cramps and fluid loss. The latter may lead to electrolyte disturbances.

Many older preparations, such as cascara, have been superseded because of the possibility of severe unwanted effects. Some proprietary preparations still contain the older compounds and care should be taken to ensure that susceptible individuals do not take, for example, phenolphthalein derivatives, as they have been implicated in cardiovascular and respiratory collapse.

Senna is, probably, the most popular of the stimulant laxatives. It is present in several OTC preparations and usually produces an effect within 12 hours. The active compound is an anthracene derivative which is released by a bacterium in the colon from its glycoside base. Free anthracene can be absorbed and will stimulate nerve plexuses to produce an increase in bowel activity.

Osmotic laxatives

These compounds, such as magnesium salts and lactulose, are not well absorbed in themselves and so can ensure retention of fluid within the bowel itself, due to their osmotic action. Several purgatives act in this way. Magnesium salts are probably the most 'popular', producing an effect within a few hours of ingestion.

One of the more modern laxatives of this type is lactulose. It has been widely used in recent years and is safe and effective. Many patients expect it to work quickly to cure their condition, but they must be informed that it may be up to three days before an effect is seen and regular use is necessary for this to occur.

Although the older magnesium compounds are more violent in their action and should not be used longterm, they are more effective than lactulose when a speedy result is required. So long as they are taken with plenty of water, no damage will be done and a rapid evacuation of the bowel will be achieved.

Phosphate enemas may be an effective way of treating acute constinution in certain patients. They have the advantage of reaching the site of action more quickly than oral preparations.

Bulk laxatives

This category includes products which are composed of dietary fibre, such as bran, the most effective in this class, ispaghula, sterculia and methylcellulose.

They produce their action by absorbing fluid within the GI tract. The resulting bulk is not digested in the normal way and remains within the tract, stimulating peristalsis, the body's attempt to remove a large volume of food.

The onset of noticeable action may not occur for three days, as with osmotic laxatives. The resulting stools are soft and easy to pass and so the products would seem a reasonable substitute for adequate dietary fibre.

The major problem is that plenty of fluid must be taken to prevent faecal impaction. This is most common in the elderly, some of whom have atonic bowels and so are prone to develop bowel obstruction.

IBS sufferers may find these products useful, both for constipation and chronic diarrhoea. Ostomy patients are among those who obtain benefit from their use.

Faecal softeners

Liquid paraffin was used with monotonous regularity by many people in the past. Its mode of action was to soften the motions by reducing the surface tension of stools.

Unfortunately, the absorption of fat-soluble vitamins, such as vitamin D, was prevented and vitamin A deficiency arose through the dissolution of its precursors alpha- and beta-carotene. More serious side-effects include paraffinomas and seepage into the lungs through oesophageal tissue.

Docusate sodium has replaced liquid paraffin in this field and is indicated in cases where straining is either painful (haemorrhoids) or dangerous (stroked). Its onset of action is up to three days.

The latest OTC product is Movicol, said to be a new class of laxative. It is an isoosmotic dry powder for solution containing polyethylene glycol 3350 and electrolytes (sodium bicarbonate, sodium chloride and potassium chloride), which delivers a bolus of water to the colon to hydrate faeces and increase bulk.

Although a P product, it is indicated for chronic constipation and is more likely to be a prescriber's choice.

Summary

It is obvious that there is no such thing as an ideal laxative. Indeed, laxatives may not be the ideal course of action at all. Dietary and lifestyle advice may be all that is needed to solve the difficulty, but care must be given to the appropriate recommendation of a product, should short-term treatment be necessary.

Another point to consider is potential abuse. A laxative abuser may come in any shape or form, but, usually, young women trying to lose weight make up the largest proportion of any pharmacy's problem customers. The elderly may be unwitting abusers because their desire to be 'regular' leads to overuse of products. Sympathetic approaches are necessary in both cases.

Medicine counter assistants are in the most advantageous position to notice frequency of laxative purchases and refer to the pharmacist.

As community pharmacists, we are used to dealing with conditions which, at first sight, may seem trivial and are aware that the presenting symptoms may conceal a more sinister cause. Sympathetic questioning of any sufferer of this embarrassing condition must take place to ensure that a more serious problem is not present.

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### POLITE NOTICE

For prescriptions written as diclofenac EC, MR 75mg Caps or diclofenac DR 75mg Caps.

You are obliged to dispense:



#### **Please note:**

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Motifene 75mg Abbreviated Prescribing Information. Presentation: Blue-capped, colourless capsules containing 75mg of diclofenac sodium in a dual-release, pelletised formulation. 25mg of diclofenac sodium is presented as enteric-coated pellets, the remaining 50mg as sustained-release pellets. Indications: Rheumatoid arthritis, osteoarthritis, low back pain, acute musculo-skeletal disorders (e.g. periarthritis, tendinitis, tenosynovitis, bursitis, sprains, strains, dislocations), relief of pain in fractures, ankylosing spondylitis, acute gout, control of pain and inflammation in orthopaedic, dental and other minor surgery. Not suitable for use in children. Dosage: One capsule once or twice a day, preferably just before a meal. Non-steroidal anti-inflammatory drugs should be



used with caution in the elderly. Contra-indications: A known sensitivity to diclofenac, active or suspected peptic ulcer or gastro-intestinal bleeding, asthmatics in whom attacks of asthma, urticaria or acute rhinitis are precipitated by other non-steroidal anti-inflammatory drugs including aspirin Precautions: Patients with a history of gastro-intestinal disease, severe hepatic, cardiac or renal insufficiency (including the elderly) should be monitored closely during treatment. Patients with a bleeding diathesis or other haematological abnormality. Pregnancy and Lactation. Co-administration with lithium, digoxin, methotrexate, oral-hypoglycaemic drugs, oral anticoagulants, potassium sparing diuretics, other non-steroidal anti-inflammatory drugs, cyclosporin. 5ide-effects:

Occasionally reported: nausea, vomiting, diarrhoea, epigastric pain, headache, dizziness, vertigo, rashes or skin eruptions. Rarely reported: gastro-intestinal bleeding, peptic ulceration, drowsiness, tiredness, urticaria, liver function disorders, oedema, hypersensitivity reactions. Legal category: POM. Pack details: Motifene 75mg capsules (PL 8265/0003), basic NH5 price £14.99 per blister pack of 56 capsules. Full prescribing information is available on request from the Product Licence Holder: Panpharma Limited, Repton Place, Amersham, HP7 9LP.

Date of Preparation: March 1996

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## CJD: what's the beef?

Amid the recent furore over 'mad cow' disease, there have been fears expressed over the safety of the continued use of bovine-derived medicines. Dr Anne Wickham, independent pharmaceutical physician and medical adviser to CP Pharmaceuticals, puts those concerns to rest

he transmissible spongiform encephalopathics (TSE) are a group of naturally-occurring disorders which include scrapie in sheep, bovine spongiform encephalopathy (BSE) in cattle, and Creutzfeldt-Jakob disease (CJD), Gerstmann-Sträussler syndrome (GSS) and Kuru in humans.

The diseases are progressive, fatal paralyses and dementias for which there is no known treatment. The conditions are also known as prion diseases or infectious cerebral amyloidosis.

The nature of the causative agents involved in TSE is not known, except that they appear to be exceedingly small and extremely resistant to physical and chemical inactivation.

As a consequence of infection, a normal host glycoprotein located predominantly on the surface of nerve cells – prion protein (PrP or PrPC) – is modified by unknown mechanisms to become an amyloidogenic self-replicating prion protein (PrPSC) which accumulates in the central nervous system. It has been suggested that PrP itself is the infectious agent. Alternatively, the agent may be virus-like but coated with PrP¹.

Prion diseases may be inherited, a single critical host gene coding for PrP, or infectious<sup>2</sup>. A disease-specific amyloid has recently been detected by immunostaining in spinal cord samples from four human cases of CJD<sup>3</sup>. This method could be used in diagnosis, which has hitherto depended on transmission of the disease to selected hosts, with an incubation period

which is measured in months or years.

### **Animal farm**

Scrapie is a naturallyoccurring disease of sheep which occurs worldwide.

There is no evidence of a link between scrapie and any disease in humans, despite the known existence of scrapie in Great Britain for over 200 years<sup>4</sup>.

BSE is a new disease of cattle which was first recognised in the UK in 1986. There is evidence that cases occurred in three herds during 1985, but no evidence of any cases worldwide before 1985. Since then, a large number of cattle have been affected – 154,150 by October, 1995, in the UK<sup>5</sup>.

The agent causing BSE closely resembles strains of the scrapie agent, but is not identical and appears to exist as one strain only, whereas there are numerous strains of scrapie agent<sup>6</sup>. A genetic influence on susceptibility has been suggested but is not yet proven.

Brain and spinal cord are the only tissues so far in which BSE infectivity has been detected; skeletal muscle, adipose tissue and body fluids (including milk) have not been shown to be infective<sup>6,7</sup>. Bovine cartilage from BSE-infected cattle has also been shown to contain no detectable infectivity. This is important as bovine cartilage is used in the manufacture of a number of medicinal products.

Epidemiological studies support the role of feed in the BSE epidemic<sup>9</sup>. A case-control study has shown that the feeding of proprietary concentrates containing rendered sheep carcasses as a constituent of meat and and this is considered to have

a constituent of meat and bone meal (MBM) to calves during the first year of life is a significant risk factor for BSE. It is also possible that susceptibility to BSE is inherited.

In April, 1988, the
Southwood Committee
concluded that BSE was
"most unlikely to have any
implications for human
health". As precautions, BSE
was made notifiable in June,
1988, the feeding of ruminantderived products to
ruminants was banned in
July, 1988 (this ban being
extended to cover all animal
species in 1990), and
compulsory slaughter was
introduced in August, 1988.

However, during the period 1984/85-1988, infected bovine CNS tissue would have been recycled via MBM to cattle and this is considered to have accounted for a substantial increase in BSE between 1989 and 1993, since when cases have declined. Cattle born after July, 1988, should not develop BSE as a result of food, but some cases did occur in cattle born in 1989, attributed to some contaminated feed remaining in the supply pipeline.

In August, 1989, the provision for human consumption of specified beef offal (SBO – brain, spinal cord, spleen, thymus, tonsil and intestines from clinically healthy animals aged over six months) was banned.

A monitoring programme set up by the Department of Health has to date demonstrated no epidemiological

Continued on PVI

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#### Continued from PIV

relationship between BSE and the human diseases, although it needs to run for a further 10-15 years<sup>6</sup>.

CJD occurs at an incidence of 1 per million worldwide (including countries where scrapie is absent) and 1 per 2 million in Great Britain<sup>4</sup>.

Molecular biological research has demonstrated that familial occurrence of CJD (5-15 per cent of cases) is related to the presence of mutations of the PrP gene and not to contact transmission or vertical transmission of a viral-like agent<sup>10</sup>.

latrogenic transmission has occurred through contaminated material – human pituitary-derived growth hormone or gonadotrophin – with an incubation period of two to 30 years, depending on whether inoculation was central or peripheral.

CJD has also developed following administration of albumin from an infected donor, raising the possibility of transmission via blood products<sup>11</sup>. There is no evidence for human to human transmission in CJD, other than iatrogenic<sup>12</sup>.

Kuru is thought to have been spread by consumption of infected brains in cannibalistic mourning rites in Papua New Guinea and has an incubation of four to 40 years. This practice ceased in the mid-1950s and no children born after 1959 have developed the disease.

### CJD's meat link

It has been suggested that BSE is the source of CJD<sup>13</sup> or that CJD is caused by transmission of a virus from sheep to humans, with or without intermediate passage through cattle<sup>14</sup>, or that a proportion of people are naturally infected with the CJD agent and that it only becomes pathogenic in genetically-susceptible individuals or by mutation of the parent agent to a neuro-invasive form<sup>15</sup>.

Analysis of dietary exposure to a variety of

bovine meat products has provided no convincing evidence of an increased risk of CJD in relation to any of these factors. In any event, it has been calculated that minimal public health risk is taken in the UK by adults eating UK beef products at the same rate as previously, whatever the level of infectivity present in the tissues or the dose required for infection.

However, four cases of CJD have been reported in farmers in the UK, each with at least one case of BSE in his herd18. The likelihood of this occurrence in the UK has been estimated at one in 10.00019. On the other hand, farmers have also died of CJD in countries where BSE does not occur. It has been postulated that farmers may have been exposed to the disease by inhalation of dust from infected feed20. Two recent cases of CJD in teenagers (onset of CJD is usually in middle-age) have also caused alarm<sup>21,22</sup>, although, again, four cases have been reported in teenagers in Europe and the

On March 20, 1996, the Spongiform Encephalopathy Advisory Committee issued a statement regarding ten cases of CJD which had recently been identified by the CJD Surveillance Unit in Edinburgh, which showed a previously unrecognised and consistent disease pattern.

All were people aged under 42 (presumably including some or all of the cases described above) and were not explained by the patients' medical histories, genetic analysis or consideration of other possible causes. The Committee concluded that "although there is no direct evidence of a link, on current data and in the absence of credible alternative, the most likely explanation, at present, is that these cases are linked to exposure to BSE before the introduction of the SBO ban in 1989".

Besides emphasising the need for proper enforcement of current measures and for continued surveillance and

further research, the
Committee recommended
that carcasses from cattle
over 30 months must be deboned in licensed, supervised
plants and that mammalian
meat and bonemeal in farm
animal feed should be
prohibited. If these
recommendations were
carried out, the risk from
eating beef was considered
likely to be extremely small.

The incubation period in Kuru and iatrogenic CJD suggests that it will be many years before the extent of this risk will ultimately be revealed.

Alternatively, it may transpire that the 90 per cent of cases of CJD which occur sporadically are not infective but result from the one in a million chance transformation of a protein molecule within the normal population into a template for the self-sustaining pathological elaboration of amyloid<sup>24</sup>.

#### Medicine fear

Whether beef products or bovine-derived pharmaceuticals will prove pathogenic for humans remains an unanswered question<sup>25</sup>.

Because the potential risks from parenteral exposure are about five-fold those of oral exposure, the safety of biological products for parenteral application must be very carefully protected<sup>6</sup>.

Medicines prepared from bovine or ovine materials include insulins sourced from bovine pancreas; heparins sourced from the lungs or intestinal mucosa of cattle or sheep; hyaluronidase from sheep testes; and gelatin from cattle hide and bones. In accordance with EC guidelines, such medicines and vaccines licensed in the UK do not contain any bovine material sourced from this country.

Source materials have been classified into four risk groups. Brain and spinal cord are in the 'high infectivity' category, lung and most of the gut are in the 'medium infectivity' category, and pancreas is in the 'low infectivity' category. Testes, together with skin and its

### **CJD** symptoms

Creutzfeldt-Jakob disease is most common in those aged 50-65, with females slightly more likely to be affected. Recent cases in the UK have occurred in younger age groups.

Around 25 per cent of sufferers experience prodromal symptoms, including dizziness, fatigue, insomnia and poor concentration, but an abrupt onset is more usual.

Neurological symptoms progress from aphasia, limb weakness and cortical blindness to dementia, fits and immobility. The brain's grey matter is profoundly affected with spongiform degeneration.

According the Oxford Textbook of Medicine, death can occur within three weeks of onset and it is rare for sufferers to live longer than a year.

Kuru is similar in nature, but cerebellar ataxia is the dominant feature, rather than dementia.

Gerstmann-Strässler syndrome is thought to be a CJD variant with earlier onset and longer duration. Cerebellar ataxia and dementia are both present.

derivatives (eg gelatin), are in a category of tissue considered to carry no detectable risk of infection.

In addition, materials derived from rendered carcasses and subjected to rigorous processes of extraction and purification (eg triglycerides, glycerol) are unlikely to be contaminated.

The EC guidelines also recommend purification procedures known to be effective in the inactivation and removal of scrapie agent.

Both the Association of the British Pharmaceutical Industry and the Department of Health have issued assurances that there is no risk to the public from medicines containing beef products.

References on request.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning materials until December 31, 1997

### PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Johnson & Johnson MSD, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be

inserted in the May 11 issue, which will cover this week's modules, together with those in the April 20 issue.

The MCQ paper for the March modules will be enclosed with next week's *C&D*. This will cover modules 08-10:

Hormonal contraception (08)

Schizophrenia (09)

Psoriasis (10).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

C&D in association with



**Consumer Pharmaceuticals** 

### Team work

In the second part of our series, Dr Maureen Devlin, Glaxo Wellcome's customer manager (for pharmacy), outlines examples of multi-disciplinary team working

'We will either find a way, or we will make a way' Hannibal

The opportunity to become part of the multi-disciplinary team can enable the community pharmacist to become part of the process of delivering effective healthcare.

Much has been written on the place of the community pharmacist in the primary healthcare team – what is the difference between this and a multi-disciplinary healthcare team? (See table below).

Other healthcare professionals are already looking at the changing environment in relation to their own futures. For example, the nurse prescribing pilots.

#### Pharmacists' role

The culture of rigid role definitions and professional boundaries must become a thing of the past; the pharmacist needs to be visible in what he/she contributes to the provision of healthcare in the community. As part of a long-term professional strategy, becoming involved in multidisciplinary team working is one way of increasing this visibility.

The primary care-led NHS is resulting in an increased demand on the health professionals concerned – individuals and groups need to work smarter to meet the demand.

There is substantial overlap with what the GP, the nurse, the pharmacist, the health visitor or social services worker can undertake in the care of a patient, but there will be roles that are either more applicable or better served by one individual (not defined purely by professional role) rather than another.

Similarly, in the prevention of disease or ill health and the maintenance of good health, there are various roles to be undertaken by all the healthcare providers.

Now is the time for community pharmacists to examine their: competencies (knowledge and what to do with it); skills (the demonstration of competency); and to look for opportunities to use them in an expansion of the traditional (historical) role.

The provision of healthcare in the community is dependent on the delivery of certain skills or products and services. Examination of what the pharmacist can, or could, contribute in those areas helps to identify where they might demonstrate their qualifications for involvement in a multi-disciplinary team (see table overleaf).

In undertaking or further developing in the areas outlined above, pharmacists could be replacing their pharmacy colleagues, or colleagues from other professions.

For example, a pharmacist could be responsible for providing formulary advice for a number of practices – in spite of a competitor's pharmacy being situated close by the surgery. Or a nurse who routinely provides advice on asthma devices and runs associated screening clinics may feel threatened by the expansion of local pharmacy services into asthma management.

The key issue is to try and work together at a local level to achieve the best for the patients, using the skills of the healthcare individuals to their best effect.

Developing new areas does not mean undertaking every activity yourself – initially employ a specialist on a parttime basis to enable you to offer additional services from your pharmacy.

For example, run an



alternative therapy clinic one month and a smoking cessation clinic the next and learn from the experts. Or, alternatively, offer your premises as an 'extension' to the local doctor's surgery – have a practice nurse on-site for one afternoon per month to undertake a review of asthma patients to check device technique and danger signals.

### **Examples of practice**

Multi-disciplinary healthcare teams can be small and informal, or larger and more formal in composition and approach. The effectiveness of these teams is always dependent on the right skills mix and team working.

Migraine management Marion Bradley, a practice pharmacist in Walsall, identified a significant number of patients with persistent migraine problems who were in danger of getting into a vicious circle of overmedication. Jointly with the GP, Dr Denys Wells, a dedicated migraine clinic was set up, including the services of an assistant clinical psychologist. The clinic is thereby able to address the clinical, therapeutic and psychological aspects of migraine management<sup>1</sup>. Involved: clinical pharmacist, clinical psychologist, GP

clinical psychologist, GP Instigator: clinical pharmacist Funding: GP fundholder Evaluation: practice pharmacist. A Nottinghamshire GP has come to rely on the expert advice of his local community pharmacist regarding the supply of high-calorie drinks and catheters to terminally ill patients. The pharmacist also liaises with the district nurse to form an informal but effective team.

An initial telephone query by the GP to the pharmacist was dealt with in a confident and professional manner and with obvious knowledge. Additional feedback from the district nurse has strengthened the relationship of trust that is developing. Involved: pharmacist, district nurse, GP

Instigator: GP

Funding: not applicable Evaluation: GP (informal).

Wound management In the absence of local specialist nurses in wound management, the community pharmacist is well placed to advise health visitors, district nurses and practice nurses on the range and usage of available dressings and appliances. Understanding the Drug Tariff helps to advise nurse prescribers in particular on the costs of dressings and any available alternatives. Involved: pharmacist, health visitor/district nurse/nurse prescriber

Instigator: nurse or pharmacist

Funding: not applicable Evaluation: informal and PACT.

• Monitored dosage systems
A project in Derbyshire to
supply monitored dosage
systems for those with a high
level of need relied on
community pharmacy and
social services working
together. This co-operation
led to Derbyshire Social

Continued on PVIII

#### Primary healthcare team

- Organisational
  - Geographic
- Static'
- Refers to all healthcare professionals in a given area
- Covers elements outside the hospital setting

#### Multi-disciplinary healthcare team

- The process of delivering healthcare
- Crosses primary/secondary care interface
- Dynamic
- Fluid membership contributors vary according to need

#### Continued from PVII

Services paying for the supply of the systems and pharmacists becoming involved with the training of home helps in medication administration2.

Involved: pharmacists, social services, home helps Instigator: pharmacist Funding: social services and

health authority

Evaluation: not known.

Health promotion clinic A health promotion clinic can be set up within a pharmacy to provide the services of various health professionals to the community. One such clinic has been established in Morden, Surrey3.

The pharmacy owner has extended the shop to provide a consultation room which is used by the pharmacist, a nurse, an osteopath and a

chiropodist.

This multi-disciplinary approach to health promotion now has almost 200 registered patients. New patients are screened by the nurse and liaison with the local GPs has resulted in the clinic obtaining the GPs' treatment protocols for consultation.

Involved: pharmacist, nurse, osteopath, chiropodist Instigator: pharmacist Funding: health authority, pharmaceutical industry **Evaluation:** Academic Practice Unit, St George's, London.

Development of guidelines Christine Bond and Jeremy Grimshaw from the University of Aberdeen have described the multidisciplinary development of guidelines for community pharmacy management of

dyspepsia4.

The authors state that a multi-disciplinary involvement in guideline development is desirable and likely to promote validity. Clearly, the involvement of the community pharmacist on this team was vital to ensure the guidelines would and could be applicable in the community pharmacy setting.

This is one of numerous research projects that are undertaken that are relevant to community pharmacy practice. Schools of pharmacy, hospital pharmacy departments and the Pharmacy Practice Resource Centre in Manchester can be contacted if a pharmacist wants to be involved in a project of this nature. Involved: community pharmacists, GPs, gastroenterologist, clinical

Provision of healthcare in the community		
What is needed	What can the pharmacist do?	
Medical diagnosis	<ul> <li>Diagnosis of minor ailments</li> <li>Initial screening for referral to the GP, eg migraine/H pylori</li> </ul>	
Drug treatment	Become a therapy specialist Liaise with hospital pharmacist re discharge planning Formulary/protocol advice Clinical liaison, eg asthma (possibly jointly with a practice nurse) Monitoring of interactions — use of PMRs when OTCs purchased Outcomes/review Therapeutic drug monitoring	
Drug/appliance/device supply	Dispensing services     Specialist surgical appliance outlet     Homoeopathy     Wound management advice     Home delivery     Stoma care specialist     Follow-up to improve compliance     Domiciliary visits	
Non-drug treatment	<ul> <li>Specialist in high-calorie drinks for terminally ill patients</li> <li>Diabetic food/drinks</li> <li>Hosiery</li> <li>Relaxation tapes, literature</li> </ul>	
Health promotion	Smoking cessation clinics     Dedicated health promotion clinic³	
Patient education/ counselling	<ul> <li>Improve understanding of medicines and how to take them</li> <li>Identify and resolve poor medicine management</li> </ul>	
Homecare	Liaison with hospital colleagues     Education of carers     Support of social services personnel     Support health visitors/district nurses	

pharmacist (academic), research assistant, facilitator, group leader

Instigator: pharmacist, GP Funding: Scottish Office Home and Health Department Evaluation: University of Aberdeen.

Who can help?

Who is responsible and who can help to drive the involvement of community pharmacists in multidisciplinary healthcare?

Community pharmacist The community pharmacist has no greater asset than him/herself. By building professional and mutually respectful relationships with other healthcare providers in the locality, collaborative working is most likely to succeed.

Local negotiating committees

Local pharmaceutical committees are likely to vary in their commitment to promote pharmacists' involvement. Their role is to

negotiate remuneration for services that are currently provided. Area pharmaceutical committees (Scotland) can be a source of support, as they are less bound to negotiations on a contractual basis.

Pharmaceutical advisers Pharmaceutical advisers within health authorities and health boards are valuable contracts as they either drive, or are involved with, locality groups. The membership of locality groups will vary around the UK, but these groups could drive the move towards multi-disciplinary healthcare.

General practitioner General practice fundholding has brought about new ways of working within primary care. This group, probably more so than nonfundholders, is conscious of the need to work more effectively and to use the skills/personnel appropriate to the task. They have been responsible for adopting a

multi-disciplinary approach to general practice with the employment of practice managers, practice nurses and practice pharmacists.

Funding

There are few avenues for multi-disciplinary funding currently available:

- self
- GP (for recognised service)
- joint community care
- pharmaceutical industry
- social services<sup>2</sup>.

However, the future looks more promising with a range of potential funding options:

- sessional fee paid by GP
- part of professional allowance
- compliance savings²
- medical insurance companies
- patient part-payment
- hospital trusts (subcontracting services to the community)
- health authorities
- pharmaceutical industry
- pharmacy benefit
- managers
- managed care organisations.

Summary

Community pharmacists are capable of being involved in many examples of multidisciplinary healthcare working. But being involved in a multi-disciplinary team is not a right, it depends on the professionalism and competence of the individual together with relationships, built on trust, co-operation and respect, with other healthcare professionals

A proven record of valued contribution will lead to financial reward for community pharmacists.

#### References

1 Pharmaceutical Journal Vol. 256; February 10, 1996, p197 2 Pharmacy Magazine; December, 1995, p12

3 Pharmaceutical Journal 256; p254

4 'Multi-disciplinary guideline development – a case study from community pharmacy'; Christine M Bond and Jeremy M Grimshaw, Health Bulletin 53, January, 1995.

Suggested further reading: VFM Update 'Prescribing and Medicines Management'; Issue 2, January, 1996 'Effective Multi-Disciplinary Team working in Primary Healthcare'; Poulton B, West M A; Journal of Adv Nursing 1993: 18 918-925. 'The Seven Habits of Highly

Effective People'; Stephen R. Covey; ISBN 0-671-71117-2.

# SYNTARIS SELLS BEFORE HAY FEVER STARTS

Prevents
and
treats
hayfever

Syntaris'
Hayfever

NASAL SPRAY

NO sprays
(10 ml)

NO sprays
(10 ml)

Syntaris is a unique hay fever formulation that can stop hay fever before the hay fever season starts, preventing the onset of sneezing and a runny or blocked up hose. Keeping your customers symptom free.

For best effects Syntaris' should be used up to a week before the start of the season, and continuously throughout the season, which means that you can sell Syntaris' earlier in the year and capture the market before other products start to be effective.

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There's no stronger way to control hay fever, so stock up with Syntariso and stairt your hay fever remedy sales early.

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Full information is available on request from Promoter Roche Consumer Health, PO Box 8, Broadwater Road, Welwyn Garden City, Hertfordshire AL7 3AY.

Alternatively contact your Roche Consumer Health Territory Manager or Roche Consumer Health Customer Services
Department on Telephone: 01707 366203

nose or eyes: hypersensitivity to the formulation: pregnancy and lactation. Warnings and Precautions etc. SYNTARIS can enhance the systemic effects of other corticosteroids. Care needs to be taken when transferring from systemic steroids to SYNTARIS\* if adrenal impairment is suspected. Use with caution in those with recent nasal septal ulcers recurrent epistaxis, or after recent nasal surgery or trauma as wound healing can be impaired. Side effects: Aftertaste mild, transient nasal burning and stinging. Less frequently, nasal irritation, epistaxis, runny and stuffy nose, sore throat hoarseness, throat irritation and, rarely, smell/taste alteration and nasal septal perforation. Shelf Price: 10ml bottle £4.24 excl. VAT. Product Licence Number. 0031/0405. Legal Classification: Pharmacy only. Date of Preparation 5.3.96. SYNTARIS\* is a registered trade mark.

### **BABYCARE**

Pregnancy comes with its fair share of aches and pains. Peter Mas-Mollinedo, principal pharmacist at West Wales General Hospital and a Welsh Centre of Pharmacy Postgraduate Education tutor, looks at how common problems and ailments can be treated in the pharmacy

### The growing pains of

the thalidomide tragedy in the 1960s not only raised public awareness of the risk to the foetus from drugs, but also changed the advice we give to women during pregnancy.

The data collected since then has meant that the study of drug treatment during pregnancy has come a long way. Almost all medication crosses the placenta barrier, fat-soluble drugs more rapidly than polar ones.

As a guiding rule, medicines should be avoided at all stages of pregnancy inless absolutely necessary. In practice, however, this may not be possible. They may be essential for the wellbeing of the woman. Such conditions include asthma and epilepsy, where the risk of leaving the patient without medication can be more detrimental to the foetus.

It has been estimated that between 30 and 60 per cent of women take one or more drugs during pregnancy. The pharmacist, therefore, has an important role to play in monitoring over the counter medicine usage and also in giving advice to customers on the common symptoms of pregnancy.

This advice may well start before pregnancy and may include health education subjects, such as diet, weight, exercise and relaxation, as well as avoiding the hazards of smoking and alcohol.

#### **Smoking**

The effects of smoking in pregnancy are well documented. There is a higher incidence of abortion, low birthweight and premature birth, as well as an increased risk of both congenital abnormalities and permatal mortality.

Men who smoke have a lower testosterone level and spermatogenesis, sperm morphology and motility can be affected.

Intended pregnancy can be a good trigger to give up smoking



### PREGNANCY

by both parents. The use of nicotine replacement cannot be recommended, since there is insufficient information to support its

#### Alcohol

Alcohol is one of the most common social drugs to be continued into pregnancy. It is now recognised that, consumed during pregnancy, it can damage the foetus. Chronic alcohol intake is associated with a characteristic pattern of foetal abnormality known as Foetal Alcohol Syndrome. There is no evidence that occasional light drinking in pregnancy has harmful effects. Binge drinking can cause problems and it is recommended that women stop altogether or, at the very least, limit the intake to one unit once a week.

#### Caffeine

It has been suggested that large amounts of caffeine may be assocrated with an increased risk of nuscarriage. The advice to patients is to moderate intake to about two to three cups each day.

#### Folic acid

The official advice from the Department of Health is that all women planning a pregnancy should take a supplement of 400mcg folic acid daily from the time they begin trying to conceive to the twelfth week of pregnancy. Women who have aheady had a child with spina bifida and other neural tube defects need a higher dose of 4-5mg daily.

Many women are unaware of the advantages of folic acid and the pharmacist is ideally situated to offer this advice.

### **OTC** medicines

Pregnancy is a symptom-causing condition and, as a result, women may well seek a pharmacist's advice for a variety of conditions.

If the risks of medication are discussed, many women may well feel able to tolerate these symptoms without treatment, particularly in the first trimester.

Conditions that are frequently experienced and where advice is sought include heartburn, constipation, haemorrhoids, cystitis, analgesia and cold remedies.

• Heartburn Under the influence of placental hormones and pressure from the growing baby, the stomach's sphincter relaxes, especially during the third trimester. This can often give rise to heartburn.

Practical advice, such as avoiding fatty/spicy foods, alcoholic drinks and changing posture, can be helpful. Sleeping with extra pillows, avoiding bending over and stooping, and avoiding meals close to bedtime can also help.

None of the available drug treatments are considered ideal in pregnancy, but antacids are widely prescribed without evidence of adverse effects. Magnesium-containing antacids, which tend to be a laxative, would be of value where constipation is also a problem. Alginates, such as Gaviscon, may be a problem due to a high sodium content, although low-sodium alginates are of value. Preparations containing sodium bicarbonate are best avoided due to a tendency to

cause excessive flatulence.

Over the counter preparations of H2 antagonists are not recommended and medical advice should be encouraged.

- Nausea This area, more than any other, has indicated the issue of safe prescribing in pregnancy and advice here is to refer to the general practitioner.
- Constipation Pressure on the uterus, delayed bowel emptying and motility all contribute to the possibility of constipation.

Increased dietary fibre, fluid and exercise may be sufficient to remedy the situation. Stopping drugs, such as iron- or aluminium-containing antacids, will also help.

Laxatives should only be given once these measures have failed. The bulk forming agents, such as sterculia, ispaghula and bran, are the ones of choice.

Stimulant laxatives should be avoided unless under medical supervision. Lactulose has been used with no evidence of adverse effects.

Persistent constipation can lead to haemorrhoid formation, so if over the counter medication fails, then a GP referral is required. If haemorrhoids present again, GP referral is advised.

- Cystitis Urinary tract infections are more common in pregnant women and can lead to further complications, so referral to the GP is advised.
- Vaginal infections Vaginal thrush occurs in 15 per cent of pregnant women. The hormonal changes which occur alter the vaginal environment and increase the tendency of candida to adhere to the vaginal epither-

lium. Over the counter clotrimazole and miconazole can be recommended. For women reluctant to use any medication, then live yoghurt orally and topically helps to create an acid environment hostile to candida.

- Analgesia Paracetamol is not known to cause any problems in pregnancy and can be recommended when an analgesic is essential. The majority of aches and pains, however, do not justify painkillers. Some conditions, such as migraine, tension headaches or toothache, may be an exception. Aspirin and ibuprofen are not to be recommended.
- Cough and Cold Remedies
  Most preparations for colds contain a decongestant, such as pseudoephedrine or phenylpropanolamine, or an antihistamine, such as brompheniramine. There is no evidence of harmful effects in pregnancy. However, neither is there good evidence of safety. As a result, patients should be advised to avoid combination products. Paracetamol can be recommended for symptom relief.

Demulcent cough preparations, such as Simple Linctus, can be recommended as can cough and throat lozenges.

• Threadworm Adherence to a strict hygiene regimen is the safest advice, especially in the first trimester of pregnancy. This involves washing hands and scrubbing nails before meals and after toilet visits. Baths and showers immediately after waking each morning will remove eggs laid during the night.

If this proves unsuccessful, then piperazine is the treatment of choice after the first trimester, but should only be initiated after GP referral.

 Vitamins These are frequently requested but there is no rationale for their use unless prescribed for specific deficiency states.

Advice on a balanced diet should be undertaken. The dangers of supplementary vitamin A, which may cause birth defects, should be pointed out. Preparations of fish liver oil and liver high in vitamin A should be avoided.

• Breastfeeding Drugs that are in the mother's circulation are generally transferred into breast milk. Few are known to be dangerous, but it is wise to minimise exposure.

Taking medication immediately after breastfeeding at night and avoiding breastfeeding one to two hours after taking tablets is good advice.

Sources of Information
1 The British National
Formulary has two appendices
– 4 and 5
2 Briggs – 'Drugs in pregnancy
and lactation'
3 Local Drug Information Centre

ne of the biggest driving forces of the mothercare market in the last few years has been folic acid. And one of the biggest driving forces of folic acid has been the Department of Health's recommendations that all women planning a pregnancy should increase their folic acid intake by at least 400mcg to reduce the risk of neural tabe defects.

Last year, the Health Education Authority received a \$2.3 million injection from the DoH to raise awareness about the role of this important B vitamin. Its three-year campaign was launched initially to healthcare professionals, but broke to the public at the end of February, with national television and press advertising.

The campaign's three-pronged attack has focused on encouraging women to eat a diet rich in folic acid, increasing intake of foods fortified with this B vitamin, and taking a 400mcg folic acid supplement.

According to the HEA's latest

research, only one in ten women were aware of folic acid without prompting and only 8 per cent of all women questioned took it when trying to conceive.

#### Folic flurries

Manufacturers of vitamin and mineral supplements have taken heed of the Government's reconnmendations and

many have launched their own initiatives on the back of the HEA campaign.

• Roche is introducing its own-brand folic acid in mid-April. Roche Folic Acid is priced at \$4.19 for 96 tablets. Roche also repacked Sanatogen Pronatal last year in line with the other products in the Sanatogen range.

Vitabiotics launched its ad campaign

for Pregnacare on 4,000 London Underground carriages in central London in March and will be following it up with press advertising in parenting magazines and women's monthlies.

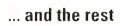
• Lanes is supporting Preconceive by providing pharmacies with eye-catching posters and copies of its 'Trying for a Baby?' leaflets. The company recommends the leaflets be given out to customers purchasing ovulation kits and where discretion is needed. Information carried includes advice on preconceptual care and the importance of folic acid. Lanes is also advertising the brand in the national press and women's magazines.

## Pon't forget LER

Much has been said and done for the babycare market, but what about a little thought for mum? Fawz Farhan looks at what manufacturers are doing to propel the mothercare market

together with raising awareness via radio. Leaflets are available from Janet Groves, G.R. Lane Health Products, Sisson Road, Gloucester GLI 30B. acid to women planning to conceive. In addition, Larkhall has set up a national telesales and direct mail operation to keep the trade up to date on special pro-

motional incentives and point of sale display material. The trade campaign will be backed by a \$300,000 above the line media spend on press advertising and PR.



• Scholl has updated its leaflets for Lite Legs Maternity Tights. They are available for display in the pharmacy from Scholl customer services on 01582 443300.

• Vantage has introduced Shaped Nursing Disposable Breast Pads (50 pads, \$2.25) to fit into

pads, \$2.25) to fit into maternity bras and

prevent leakage.

Roche Consumer
Health is supporting
Rennie Rap-eze with
an audio visual cas-

Rennie Rap-eze with an audio visual cassette designed to allay pregnancy fears and advise on diet, exercise and relaxation.

Warner Wellcome will be sending out sales

reps to practice nurses and health visitors to highlight the use of Anusol in pregnancy. More pregnant women suffer from piles than morning sickness, according to the company, which also publishes a free consumer leaflet, entitled 'Discomforts in Pregnancy'.

• Sea-Bands, which are being used increasingly to control morning sickness, are being supported this spring and summer with reader offers and sampling.

• The popularity of garlic has found its way to pregnancy and motherhood, according to Lichtwer, who make Kwai Garlic. A recent American study has found that babies suckle for longer at each feed and take more milk in if their mothers are eating garlic. Another study carried out at the Chelsea and Westminster Hospital found that garlic taken during pregnancy can cut the risk of pre-eclampsia and help boost the weight of low-birthweight babies.



• English Grains, which makes Folic Plus, established the Folic Acid Action Forum last November. The forum brings together individuals and organisations with an inter-

Clockwise: New-

look Pronatal:

est in folic acid to brainstorm ideas on how awareness can be generated.

- Seven Seas Folic Acid will be supported in 1996 by a heavyweight PR campaign, including a consumer sampling programme.
- Floradix and Floravital from Salus-Haus now contain folic acid in addition to their iron, vitamin and herbal formulation. Each daily dose provides 100 per cent of the normal RDA.
- Larkhall Green Farm is supporting Cantassium Micro Folic Acid with a \$500,000 retail support campaign. This includes leaflets and posters promoting the importance of taking folic

CHEMIST & DRUGGIST 6 APRIL 1996

### **MARKET BOOST**

### despite declining birth rate

Babycare market research company FSA gives an overview of how the market fared in 1995

positive environment for baby products should require an increasing, or at least static, birth rate. However, the year to December, 1995, saw a 2 per cent fall in births compared to 1994. Despite this, the value of the baby products market, as measured by FSA, increased 2 per cent to \$998 million.

Not all sectors experienced value growths, the total market being pulled along by continued strong performances from the larger markets – disposable nappies, wipes, foods and milks. Volume growths were experienced in just three categories: milks, wipes and foods.

Despite modest sterling increases, retailers continue to fight hard for mothers and the extra trade that family shopping brings. High Street stores like Boots and independent chemists have always benefited from their specialist image and the confi-

dence that mums have in the staff's knowledge of baby products and baby issues.

However, increased space has been devoted to baby by the large supermarkets, creating bigger and better baby aisles over the last three years. Sainsbury, for example, has spent much time and effort promoting an ownlabel range that covers changetime and the feeding categories of milks, foods and drinks.

Tesco, on the other hand, has placed less emphasis on ownlabel but has pushed brands in general with numerous promotions and much variety. Combined with awards for being parent-friendly, these factors have helped place Tesco well ahead of other supermarkets and not far behind the traditional leader in this sector, Boots.

Within the branded arena, Procter & Gamble continues to dominate with its Pampers brand, followed by Kimberly-Clark, Heinz, Boots own-brands and Cow & Gate. Brands represent almost 85 per cent of sales in the baby market, a situation which seems unlikely to change in the foreseeable future.

Total baby products annual sector shares				
	£976.4m	£997.7m	% change +2%	
Disposable nappies	45.9	46.4	+3%	
*				
Disposable training pants	2.4	1.5	-36%	
Foods	13.3	13.8	+6%	
Milks (incl. soy)	12.9	13.3	+5%	
Wipes	6.3	7.1	+14%	
Toiletries Spec. creams Bottles,teats,soothers Cotton wool Drinks Gripe & colic treatments Teething pain relief Sterilants Rusks	5.7 2.0 3.3 3.1 2.1 0.5 0.6 0.2 0.9	5.5 1.9 3.1 2.7 2.0 0.5 0.6 0.8 0.9	-3% -5% -2% -11% -2% -1% +3% -10% -2%	
Source: FSA	12 M/E Dec '94	12 M/E Dec '95		



### of a child

The cost of bringing up a baby can come as a bit of a shock to some parents. Fawz Farhan finds out if parents can afford to cut corners when it comes to the short-lived needs of the newborn

abies are a luxury. They come with a price tag which easily matches that of a house, a fast car or an exotic holiday, yet for many, a child is still priceless.

However, even idealists have to face up to living in a material world. According to a new report from Asda, 'What Price a Child?', the true cost of bringing up a child for the first five years can be anything between \$7,000 and a staggering \$51,000. Typical spenders are still likely to part with \$20,000 for a baby.

Costly mistakes, says author Jan Walsh, are usually made in the first few weeks of a baby's life when must-have mums and dads, who are often inexperienced first-timers, go overboard buying equipment and ancillary devices.

Equipment designed specifically for the newborn can also add to the cost because babies grow out of them within a few months. But, although the needs of the newborn are different to those of older babies, can the added cost be justified?

MAM sales and marketing director Lisa Parkhill recognises

the need for products, in particular soothers, which are tailor-made for the newborn. Their latest addition, the Mini Ulti MAM Soother launched last summer for babies up to four months, has been designed with a smaller and extra soft teat and a butterfly-shaped shield to take into account the smaller distance between mouth and nose.

The shield also has large ventilation holes and a patented dimple pattern which is said to reduce the risk of skin irritation and perioral dermatitis by trapped saliva.

"Over 70 per cent of babies use a soother and the majority start at an early age ... A lot of the products we have can be used at any age but the soothers are distinct."

MAM also has a newborn bottle with a slow-flow teat and a standard Mini MAM Soother which has no design and no dimples.

Attitudes towards soothers are also changing. "People are very positive about them because the quality and appearance has improved so much. They now feel it is OK to use them." Other reasons for their return to favour



For the second year running, Sudocrem is proud to accept the Mother & Baby Gold Award for Product Excellence\*

\*Skincare category

idocrem Antiseptic Healing Cream Product information. Presentation: A white emulsified cream ntaining as active ingredients Zinc Oxide Ph Eur 15.25%, Lanolin (Hypo-allergenic) 4%, Benzyl nzoate BP 1.01%, Benzyl Alcohol BP 0.39%, Benzyl Cinnamate 0.15% Uses: In the treatment of pkin rash, bedsores, minor burns, eczema, acne, chilblains, surface wounds and sunburn Dosage administration: To be applied in a thin layer over the affected area with suitable covering, where

necessary Renew application as required Contra-indications: None Warnings: Keep out of the eyes Legal Category: GSL. Retail price ex. VAT. 60g £1.14, 125g £1.91. 250g £3.40, 400g £4.97. Further information. Nil. Product Licence Holder and Number: Tosara Products Ltd. 3430/0001. Sudocrem and Tosara are registered trade marks. Revised January 1996. Pharmax Healthcare, Bourne Road, Bexley, Kent, DA5.1NX.



include research that shows they can help reduce the incidence of cot death and evidence that use up to the age of three years does not interfere with healthy development and alignment of teeth.

MAM also provides special care baby units with newborn soothers to help premature

babies develop their jaw, teeth and the sucking mechanism.

Jackel spokeswoman Avril Deane believes mothers want specialist products for their newborn babies. "New mums are so keen to do the right thing for their babies, especially if they lack confidence, that they want to buy everything, sometimes buying unnecessarily.

However, teats, soothers and, to a lesser extent, bottles are items which need to be tailored for younger babies and, although they are available in Jackel's Tommee Tippee and Maws range, the company's flagship brand for newborn babies and breastfeeding mothers is Pur Natur launched last April.

Ms Deane cites the size of the newborn baby's mouth and their susceptibility to colic as reasons for choosing specialist products. "A newborn teat is smaller and if a standard one is used, you may find the baby will choke on it," explains Ms Deane.

Colic is a particular problem for

babies from birth to three months of life which can be easily remedied using anticolic teats. These have a valve which allows air to circulate naturally and stops the baby swallowing and developing colic.

Another way to eliminate colic is to use a disposable feeding system consisting of a collapsi-

ble feeding bag. Both teats and bags are available in the Pur Natur range.

Babies switching from a mother's breast to bottle may develop a preference for one shape of teat over another and this needs to be taken into account by mothers, says Ms Deane. "The flat top teats [as in the Pur Natur's Natureflow teats] mimic the mum's nipple. When the baby sucks the teat moves up and down.

Avent products designed specifically with newborn needs in mind are Avent Newborn teats, which have one hole to promote vigorous sucking, and the newborn soothers with smaller teats for babies up to the age of three months.

However, the biggest success for Avent, which also happens to be targeted at the newborn, has been the Six Bottle Steam Ster-



Clockwise: brand leader Infacol; Farley's First Milk relaunched with LCPs; Roche supports Metanium with advertising. **Previous page: Avent** takes fifth place in baby feeding

iliser which occupies a third of the \$8 million total market and has seen a 20 per cent increase in sales on last year. "Hygiene is very important when it comes to baby feeding accessories but particularly so in the first few month of a baby's life. Avent Steam Sterilisers (electric or microwave) kill all harmful bacteria in less than ten minutes," says John Morris, general man-

pies almost a fifth of the total baby feeding market (worth more than \$31m).

### Snappy nappies

Vantage entered the newborn market with the All-in-One Economy Nappy range which aims to complement the existing nappy

> range rather than maximise sales for Vantage. "Newborns don't account for a major slice because newborn babies are only so for a short time. We only introduced Newborn as a range extension and to show mothers we are in the pharmacy at all levels," comments Darren Kirton, AAH Pharmaceuticals' tail development manager.

> He believes that own-brand newborn nappies have to struggle against the big players

The newborn variant is unisex. explains a spokesman for Huggies, because it tends to be bought before the mother goes into hospital to have her baby. The baby usually only goes through one or two packs before moving to the next size up.

### LCP issues

A vital requirement for babies is milk and, for those not being breastfed, a formulation that is as close to the real thing as possible is what milk manufacturers have been striving for for years.

Now all eyes are on long chain polyunsaturates, found naturally in breast milk and deemed to be important to the development of a baby's brain, nervous system and eyes. Milupa was the first to launch milk containing LCPs in 1993 and now, three years later, Heinz Infant Feeding has followed suit by relaunching Farley's First Milk with its own LCPcontaining formulation.

Infant feeding category manager Katherine Rose points out that its LCPs are not artificially synthesised but are triglyceridebased and come from fish oils and starflower oil. The active

ingredients are docosahexaeonic acid, gammalinolenic acid and eicosapentaenoic acid. GLA is a precursor to arachidonic acid, a vital ingredient to child development.

However, HIF believes its main weapon will be its price. "There will be no premium charged for Farley's First Milk,

which means we will have a slight price advantage over brand leaders. This is in line with HIF's strategy to produce quality products at value for money prices," says Ms Rose.

She sees this latest reformulation as an opportunity to exploit the benefits of LCPs and reach mothers who could not afford them previously. "The addition of LCPs leaves other brand leaders exposed and gives us the opportunity to gain business from them, which in turn increases profitability to the retailer.

All Farley's Milks have been repackaged and reformulated to contain beta-carotene and to be 'easier to mix'. Advertising and medical detailing will also be supporting the relaunch.

Helen Messenger, head of corporate affairs at Milupa, says the issue of whether the LCP is a natural triglyceride or a synthesised phospholipid is irrelevant. It is whether the baby can convert the LCPs in the formula to AAs that is important. "We believe



which are introduced to

new mothers in hospital

and encourage mothers to try

other babycare products. "My

advice is to price them competi-

duced Huggies Flexi-Fit (\$5.95)

which will eventually replace

Huggies Ultrathin. The newborn

designed with a soft fold-down

panel to protect the tender umbil-

ical cord of the baby. They also

come with Flexi-Fit tapes and a

soft, cotton-feel cover to im-

prove comfort and help prevent

(4-11lb) has

tively even as a loss leader.'

Kimberly-Clark has

variant

leaks



ager at Cannon Babysafe. The Avent brand as a whole has grown by 38 per cent over the last two years and now occu-

## TURN RED eyes into A handsome PROFIT



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The price of Hay-Crom Aqueous Eye Drops has come tumbling down to just £4.40. Now costing **70p less** than a generic equivalent, they will surely leap to number 1 amongst prescribed sodium cromoglycate eye drops. Hay-Crom offers you sodium cromoglycate eye drops in both OTC and prescription forms from one manufacturer. So save yourself time and trouble by stocking up with Hay-Crom now.

Hay-Crom Aqueous Eye Drops
Sodium Cromoglycate 2% w/v Ph Eur 13.5ml

Hay-Crom Hay Fever Eye Drops
Sodium Cromoglycate 2% w/v Ph Eur 10 ml

Hay-Gram Aqueous Eye Drops and Hay-Cram Hayfever Eye Drops containing Sodium Cramoglycate Ph.Eur. 2% w/v as the active ingredient, with benzolkomum chloride 0.01% w/v, as preservotive. Disadium Edetate BP 0.5% and Puritied Water BP.Indications: POM. For the prophylaxis and treatment of ocute and chronic conjunctivitis, including hayfever. Post the treatment of acute (seasonal) allergic conjunctivitis, including hayfever. Disage: Adults, children and the elderly: One or two drops into each affected eye up to four times daily or as diseated by the doctor. Control indications: Hypersensitivity to sodium cramoglycote is essentially prophylactic, potients should be advised not to discontinue using the eye drops unless advised to do so. The eye drops should not be used whilst wearing soft contact lenses, because of the preservative they contain. As with other ophtholinic preparations, patients should be advised to discard any solution remaining 28 days after opening. Hay-cram Aqueous Eye Drops should only be used during pregnancy where clearly needed. Adverse effects: Following instillation of the drops, transient symptoms may occur. These may include blurring of vision, burning or stinging. Package quantity and cost POM. Each battle contains 13.5ml; £4.40, PL 0530/0356 P: Each bottle contains 10ml; £3.99, PL 0530/0356. Legal Calegory: Hay-Cram Aqueous Eye Drops: POM Hay-Cram Hayfever Eye Drops: PHay-Cram and Baker Norton are Trade Marks of Norton Healthcare Ltd. Further information can be obtained from: Norton Healthcare, Gemini House, Flex Meadow, Harlow, Essex, CM19 51. Telephone 01279 426666. Prepared 02/95. References: 1. Drug Toriff March 1996.





that at that stage the baby's ability to turn GLA into AA is very limited." Milupa's brand, Aptamil, contains arachidonic acid.

Ms Messenger also justifies the premium cost. "We have put years of research into LCPs. The way we extract LCPs is also very expensive." Aptamil is the fastest-growing milk in the sector, with a percentage share that has doubled in the last two years. "It does prove that our competitors are anxious to copy.'

Cow & Gate, with parent company Nutricia, is looking at the most innovative ways to produce LCPs that are as close as possible to breastmilk.

SMA's newborn milk is SMA Gold and, for hungrier babies, SMA White. It has no plans as yet to introduce LCPs until further research has been carried out. However, the company recently added beta-carotene to its milks which is thought to help boost the immune system and vision. SMA has also updated its customer information leaflets availClockwise: Vantage nappies target newborns; MAM's patented design soothers reduce skin irritation; Pur Natur **Natureflow Teats** mimic mother's nipples and are ideal as firstline teats for newborns. says Jackel



able through the pharmacy.

• The Infant and Dietetic Foods Association, which represents infant formula manufacturers, has

issued a statement in light of the recent concerns about BSE: "The IDFA believes parents can have complete confidence in the safety of infant formulas. They should not consider changing formulas without taking healthcare professional advice. There is no evidence that BSE or any other encephalopathy can be transmitted through milk, nor any evidence of maternal transmission in cattle.

Baby briefs

• Infacol and Sudocrem have continued their success as brand leaders in their particular markets, according to Pharmax senior product manager Claire Young. Sudocrem Antiseptic Healing Cream has an 81 per cent cash share of the nappy rash market. Infacol, the brand leader in the gripe mixture and colic market, takes a 44 per cent cash value share and saw the largest

increase in market share year on year (FSA October, 1995).

 Quest Consumer Products has appointed Impharm Nationwide to handle the sales and distribution of its orthodontic feeding range, NUK, to independents. A major consumer PR and advertising campaign will kick off in May and POS material will be made available to the trade.

> Roche Consumer Health will be supporting its Metanium brand with consumer advertising in the parenting titles between May and October. Endorsers, such as midwives and health visitors, will also be targeted from April to June.

Poly-Lina has planned trade marketing activity for Nappy Sacks in the spring, which includes free packs with full cases of 100s and 50s. Consumers are being

targeted with advertising in the parenting press and a '20p off next purchase' coupon in the New Mother Bounty Giftpack. Product manager Jolanta Lasota says: "Nappy Sacks are popular with first-time mothers who are shocked by nappy smells. In our research, the pleasant odour which neutralises the nappy smell was identified by 82 per cent of consumers as the reason for the purchase." Multiple pharmacies account for 38 per cent of value sales compared with 9 per cent for independents.

Vitacare will soon be distributing its goat milk infant formulation, Nanny, through Unichem and Daniel's Enterprise. It is currently only distributed through AAH Pharmaccuticals. Nanny has been found to be an effective dietetic alternative for babies who are intolerant to formulas based on cow's milk or sova milk.

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### Lanes offers the best of both worlds

### Science from nature

sk a group of pharmacists to explain the term. complementary. medicine and the chances are you'll get a different response from each one. This is because the term complementary medicine covers a diverse range of treatments, such as homocopathy, osteopathy aromatherapy and acupuncture. No wonder pharmacists can be confused and often sceptical. Laues, however, has been studying one form of complementary medicine. herbalism, for over 60 years and believes that by combining traditional plant remedies with modern scientific controls it is possible to have the best of both worlds, Lanes believes that the market for plant-based products is set to expand. Vere Awdry. marketing director, explains: "The OTC market for naturallybased herbal products currently stands at around \$88 million and has grown by 50 per cent in the last five years. We should expect even more growth in the near future." In part this is due to the Government's push towards selfmedication and increased prescription charges, but it also reflects the increasing number of people seeking effective natural treatment

Generally, naturally-based products are beginning to take their well earned place alongside 'conventional' OTC medicines.

An impressive line-up

To meet the growing trend, Lanes has developed an impressive line-up of branded. naturally-based OTC products. which offer an effective solution for many everyday ailments. including water retention. menopansal symptoms, minor skin conditions and sleeplessness. Lanes is afready well established as brand leader in the herbalsedative market; Kahns has a 54 per cent share of the market in pharmacy; while Olbas Oil is the best-selling natural decongestant, with 37 per cent of inhalant decongestants. As pharmacists will know, the Medicines Control Agency requires the highest standard for all medicines, including herbal ones, and the size and facilities of Lanes' quality control department reflect these



requirements. The modern, purpose-built factory in Gloncester boasts over 5,000 square metres of modern technology and ensures that the complete range of natural products is subjected to the most rigorous controls and tests. The range is available to pharmacists through Daniels Enterprise and further information about the products is available from Lanes.

Significant support

As well as being reassured by the quality of Lanes' products, pharmacists can rely on significant advertising and promotional backing. "No pharmacist is going to want to invest in stocking a product that their customers haven't heard of." comments Mr Awdry. "so we place great emphasis on supporting our customers with back-up and promotional resources, such as high-profile advertising. PR. leaflets, posters and POS material.

Direct contact with a representative from Dendron (Lanes' chemist distributor) is available on an eight-week call basis to ensure pharmacy staff are fully informed of the benefits of naturally-based products and Lanes' mutritional adviser can provide more specific in-store training.

Brand leader Kalms is being supported throughout 1996 by a \$\(\frac{2}{4}00,000\) spend, including full-page colour advertisements in women's titles and further support for the 'Kalms Guide to Stress', a useful guide for anyone under pressure.

A similar spend is invested in the Olbas brand, which includes Olbas Oil. Pastilles and now new Olbas Bath, with advertising in the press and on regional TV. Point of sale material includes giant window display cartons, eye-catching shelf trays and consumer leaflets.

Although not a herbal product. Preconceive is another major product from Lanes, achieving 35 per cent pharmacy share and is supported with a heavyweight PR and advertising campaign with particular support for the Trying for a Baby' leaflet and attractive poster which are now widely distributed in clinics and surgeries. The leaflet offers an ideal opener to discuss preconceptual care and folic acid with women.

### Looking into the future

Recognising the future for natural products means a firm commitment from Lanes to continue to invest not only in existing brands but also in the development of new naturallybased products to satisfy the increasing demand from consumers.



### A final word

"We believe that Lanes can offer the pharmacist the very best of both worlds," says Mr Awdry. "High-quality, scientifically-controlled products manufactured from pure plant ingredients. Science from nature."

### Retail pharmacy cagey about recruitment salaries

Retail pharmacy chains are reluctant to disclose salary details when recruiting new pharmacists.

A review of recruitment advertising for pharmacy managerial positions over the last year showed that less than one in 25 advertisements quoted salaries, according to a survey conducted by Green Pharmacy Consultants in association with Reid Consultants. The survey was sent to pharmacy groups owning five or more branches, but excluded the Boots, Lloyds and Moss Chemists chains.

One of the reasons given by the respondents was that it may unsettle existing managers if they found out what was being offered to new recruits. It was also seen as a matter for discussion during the interview.

Although some respondents said it would be helpful to know what other organisations were offering, they were themselves

1992

5.75

4.00

5.75

Managers

Dispensers

Retail shop staff 5.75

Locums

NJIC

Retail pharmacy survey data – annual average pay rises

1993

2.24

2.80

1.50

2.25

2.10

Figures published by Green Pharmacy Consultants in association with Reid Consultants

1994

2.00

1.75

2.10

1.80

1.75

reluctant to submit salary scales to the survey. Moreover, very few companies admitted to having a formal salary scale linked to the performance of the pharmacy. Employers tended to pay what they believed was the 'going rate', which ranged from below \$10 an hour to almost double that

Salary increments in 1995 were around the 2.5 per cent recommended by the National Joint Industrial Council - equivalent to a 2 per cent increase in April and a further 1 per cent in September. Of the 38 respondents, 30 said they had either increased salaries in January or were proposing to do so in April this year. The groups were more or less equally split between offering either increases that matched the RPI: increases of 2 per cent; or of between 3-4 per cent.

Any legal minimum wage imposition for dispensers and pharmacy assistants could have

1995

%

2.50

1.50

2.50

4.00

2.50

Actual

1996

%

2.25

(0-7%)

(0-1.5%)

(Due

April)

(3-10%)

5.00

2.25

averages figures

Mean

a significant impact on pharmacy, according to the survey. It would cost around 1 per cent of the current sales levels of the majority of pharmacies and would bring unqualified staff costs from 5 to 6 per cent of sales levels (VAT excluded). This would come from the bottom line if not compensated for by an increase in turnover or gross

Trained dispensary staff on average earn in excess of \$4 an hour, with increases of around 5 per cent planned for 1996. Increments for pharmacy assistants were pessimistic, even for those who have passed counter assistant training.

Training and continuing education for pharmacists, dispensers and assistants are regarded by many companies as part of staff contracts even if they involve studying outside work time. Few if any respondents felt it necessary to encourage pharmacist training or give formal recognition and financial incentives.

There was also a need for pharmacy groups to undertake productivity studies taking into account manpower. Very few groups, apart from the big multiples, compared performance of the branches within their chain and very few followed up apparent differences with considerations such as working conditions and shop layout.

Less than half of respondents said they measured their staff costs to turnover ratios at all. Those who did didn't cut staff costs enough to offset the average reduction in their dispensing

25 per cent for drinks. The findings come in the latest Datamonitor report, 'Own-label cosmetics and toiletries', which suggests that consumers are ignoring variety, lower prices and savings on own-label cosmetics and toiletries. Instead, they are

choosing branded goods which

Beauty market own-

label share increases

Although own-label products

have had the fastest growth in the toiletries and cosmetics sector. they still have significantly lower penetration here than in other consumer goods sectors.

Own-label sales of cosmetic

and toiletries account for only

17.5 per cent of the market com-

pared to 34 per cent for food and

they perceive as having greater manufacturer expertise.

It says that the categories showing the most own-label gains over branded products include: hand care, lip care, mouthwash, sun care, shower products, conditioner, wet razors, body care and toothbrushes.

The report, priced at \$1,450, is available from Datamonitor 106 Baker Street, London WIM 1LA.

### Nutricia's acquisition of Milupa referred to MMC

NV Nutricia's acquisition of Milupa has been referred to the Monopolies and Mergers Commission because of its implications to the baby milks and meals market in the UK.

The referral, under the provisions of the Fair Trading Act, was brought about in view of Nutricia's wholly-owned subsidiary. Cow & Gate. The MMC is required to make its report by July 12.

Cow & Gate Nutricia says it will "co-operate fully" with the MMC in its evaluations, as it has done with the Office of Fair Trading, and will be waiting for it to make the next move.

### Scholl results show profit up 25pc

Scholl saw profit before tax and exceptional items leap by 25 per cent in 1995 to \$18.1 million. At the same time, turnover for the year increased by almost 10 per cent to \$207.2m.

Earnings per share before exceptionals rose 34.6 per cent to 14p and dividend jumped from 6.4p in 1994 to 7p the following year.

The centralisation of the management of the Scholl brand contributed to the 5.7 per cent rise in

turnover from foot and leg care, which now stands at \$97.9m. The new management structure will also fuel the relaunch of the foot care range, which has already started in the UK and is set to continue throughout the year.

Turnover of Gerard House herbal remedy products rose 11 per cent to \$2.6m, augmented by sales from the three newlylaunched sub-brands – Somnus. Serenity and Reumalex.

The Wilkinson Sword agree-

ment in Australia and a shortterm arrangement with Lichter Pharma in the UK to distribute Kwai Garlie accounted for the majority of the 20.6 per cent increase in turnover for thirdparty brands, which now stands at.\$27.6m.

Increased investment in new product development and the relaunch of the foot care range are expected to be the prime players in delivering profitable growth this year.

### Seven Seas sell-off speculation rolls on

Rumours surrounding the sale of Seven Seas to E Merck were labelled just that by parent company Hanson.

A Hanson spokesman says the company cannot comment on market speculation, which indicates that Seven Seas is being sold for an estimated \$150 million as part of Hanson's break-up plans, announced in January.

A spokesman for E Merck confirms that the company is currently in discussions with Hanson.

### Healthy results at Lloyds

Lloyds Chemists has announced healthy mid-year results, while bidders Unichem and Gehe are having to sit it out awaiting investigation by the Monopolies and Mergers Commission.

Turnover was up 2.1 per cent to \$562 million and operating profit rose 3.4 per cent to \$31.2m. Pre-tax profits, however, stood at \$25.8m compared to \$26.6m the previous year, the fall being blamed on higher interest costs and disposal of surplus property, which led to losses of \$1.1m in the first half-year.

Sales in the chemist division rose by 5.9 per cent in the first half, rising from \$241.4m to \$255.6m, with like for like increases of 4.3 per cent. The total number of pharmacies stood at 924 at the end of last year.

Michael Ward, group managing

director for Lloyds, says the solid progress in chemists has been driven by medicines – including NHS business and OTC medicines – which makes up 81 per cent of the turnover for the division. A refurbishment programme and investment in training have also contributed to growth.

The pharmaceutical division increased external sales from \$181.6m to \$184.5m, with Daniels Pharmaceuticals benefiting from a co-ordinated marketing campaign.

Mr Ward says the interim results were much in line with what the market was expecting and what bidders Unichem and Gehe were looking for. "They will see it as one more step [for the business] and will be encouraged by the performances of our core businesses," he explains.

However, he adds that the company was disappointed about the referral of the bids to the MMC, whose report is expected towards the end of July, because it did not consider it to affect competition or public interest.

"It has had a negative impact on our business, because it creates uncertainty, but people we have spoken to understand the situation," he says.

The board has declared an interim dividend of 310p per share, an increase of 6.9 per cent on last year, payable on June 7 to shareholders on the register on May 6, 1996.

The scrip dividend alternative which had been made to share-holders since 1993 has been suspended until the outcome of the MMC report and the current bid situation has been resolved.

### Harris Logistics' deal

Fresenius Healthcare has appointed Harris Logistics to distribute its haemodialysis, parenteral and enteral feeding products and IV solutions to Scottish hospitals and pharmaceutical wholesalers.

### Numark rebates

The first year-end rebates for Numark shareholders were due in March. This final payment includes the OTC element, the generic rebate (where applicable), the first 10-to-1 Club payouts and the first Searle Epogam payments. Numark predicts in its latest newsletter that the payment will be the largest of the year, even though it will only cover two months' trading.

### Ciba sells subsidiary

Ciba has sold Mettler Toledo, its weighing machine and laboratory equipment division, for £505 million to a US investment company.

### Scotia raises further \$10.2m

Scotia Holdings has raised \$10.2 million through a placing of shares with a US investor. The money will go towards funding a series of research programmes.

The company placed 1.65 million new ordinary shares at 620p per share with an unnamed single major institutional investor. Research will focus on the accelerated development of its anticancer drug, Foscan, and the

start of clinical trials programmes in the US.

The decision to raise funding at this stage was taken in light of positive indications for the drug and so as not to compromise Scotia's existing long-term plans.

Application has been made to the London Stock Exchange to admit the new ordinary shares to the Official List. Dealings were expected to start on April 4.



East meets West ...
Mike Palmer,
general manager at
Unichem's
Letchworth branch,
shows its automatic
picking system to a
delegation from
Hungaropharm, one
of Hungary's leading
pharmaceutical
wholesalers. The
visit was sponsored
by Smithkline
Beecham

### Swallowfield follows centralising trend

The Swallowfield Group, which comprises Aerosols International, Cosmetics Plus and the Belgian company Parbel, is centralising is sales and marketing.

Under the directorship of Rob Conchie, Swallowfield customers will now deal with one individual who will be able to draw on the group's resources rather than dealing with the three companies separately.

Keith Simpson, spokesman for the group, says that the move follows a general trend among other major operators, which are increasingly centralising their businesses. He adds that centralising of other aspects of the business will follow.

#### TUESDAY, APRIL 9

### Northern Scottish Branch, RPSGB

Craigmonie Hotel, Annfield Road, Inverness, 8.00pm. Annual general meeting with cheese and wine

#### Moray & Banff Branch, RPSGB

Tennant Arms Hotel, Lhanbryde, 7.45 for 8.00pm. Annual general meeting, and SCPPE course.

#### Fife Branch, RPSGB

Dunnikier House Hotel, Kirkaldy, 7.45pm. Annual general meeting and 'Reflexology'.

#### WEDNESDAY, APRIL 10

### Hertford & District Branch, RPSGB

Glaxo Group Research, Ware. 'Audit' by D Price, audit coordinator, RPSGB.

#### THURSDAY APRIL 11

### Hastings and District Branch, RPSGB

Medical Education Centre, The Conquest Hospital, The Ridge, Hastings, 8.00pm. 'The law department: friend or foe?' by Sue Sharpe, director of legal services, RPSGB.

#### Dundee & Eastern Scottish Branch, RPSGB

Lecture Theatre 2, Ninewells Hospital and Medical School, 8.00pm. Annual general meeting followed by 'Diseases which may be transferred from animals to humans'.

### Slough & District Branch, RPSGB

Postgraduate Medical Centre,

Wexham Park Hospital, Slough, 7.15 for 8.00pm. Annual general meeting.

#### **Advance** information

**COMING EVENTS** 

The Guild of Hospital
Pharmacists National Weekend School will be held on
April 12 - 14 at the Slieve
Donard Hotel, Newcastle,
County Down. Contact Sheila
Maltby on 01232 669501.
Nucare is holding a
convention on April 27/28 in
Northampton.Details from
Veni Harania, tel: 0181 732
2772.

#### The United Kingdom Clinical Pharmacy Association is holding a residential symposium on May 10-12 at

the Hinckley Island Hotel,

Hinckley, Leicestershire. For details, tel: 0116 2776999. Salford Royal Hospitals NHS Trust is holding the 1996

Hoechst Marion Roussel lecture in clinical pharmacy on May 13, 6.30pm at the Postgraduate Medical Centre, Hope Hospital, Stott Lane, Salford.

RMDP is holding Retail Solutions '96 international conference on May 14-16 at the NEC, Birmingham. Further details, tel: 01273 722687. ICPM '96 is holding the 9th International Conference on Pharmaceutical Medicine on June 23-26 in Folkets Hus, Barnhusgatan 12-14, Stockholm, Sweden. Contact ICPM '96, Congrex (Sweden) on +46 8 612 69 00.

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### **APPOINTMENTS**

### DESIGN AND PLANNING CONSULTANT

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It is essential that the Consultant be thoroughly versed in building construction, interior design, and shopfitting systems, and must be able to generate and convey constructive ideas by means of sketches and schematic plans. A working knowledge of current planning and HSE regulations is desirable. Extensive travelling and unsocial hours are involved as the service is based upon onsite assessments. The head of the department also controls the efforts of the NPA approved contractors who provide professional shopfitting services for our members. Preference will be given to candidates who have proven experience in dealing with the needs of community pharmacists.

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### **APPOINTMENTS**

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TRADE LESS 50%+VAT+POSTAGE-300 Nutrizym 22 (exp 8/96), 224 Hypovase 5mg (exp 5/96). Trade less 30%+VAT+postage - 3 Suprefact spray, 300 Becotide Rotacaps 100mcg. Tel: 01232 381882.

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4x30 Coloplast bags 8980, 100 Betaloc 100mg, 100 Dolobid 250mg, 100 Betim 10mg, 116 Acupan. Tel: 0181-427 3124.

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TRADE LESS 20%+VAT - Ciproxin

500mg, Colifoam, Lodine SR, all well dated. Tel: 01283 217141.

FOR SALE - Cytotec, Cystrin 3mg, Risperdal 4mg tabs, Clinoril 100mg & 200mg tabs, Destolit, Denol tabs, DHC 90mg, Trental 400mg, Neurontin 400mg, Metenix 5mg, Megace 160mg. Tel: 01708 524015.

TRADE LESS 40%+VAT+POSTAGE -Bard biocath 2269/16, Osmolite 1000ml (exp 5/96), Anafranil 50mg. Trade less 30%+VAT+postage - Transiderm-nitro 10, Pentasa 500mg SR, Tagamet 800mg. Tel: 01923 825753.

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TRADE LESS 60%+VAT+POSTAGE - 10 Bradilan (exp 4/96), 62 Neo-naclex K (exp 4/96), 20 Zofran 4 mg tabs (exp 4/96). Trade less 50%+VAT+postage - 10 Suscard Buccal 5mg (exp 5/96), 8 Opilon 40mg (exp 5/96), 77 Sorbichew 5mg (exp 5/96). Plus many

others. Tel: 0181-684 1352.

TRADE LESS 30%+VAT+POSTAGE-14x10ml Hypurin forte (exp 7/96), 3x112 Hexopal forte (exp 3/98), 4x50 Ossopan 800 tabs (exp 9/96), 1x56 Molipaxin 100mg caps (exp 12/96), 5x56 Naprosyn EC 375mg (exp 1/97). Tel: 0181-894 5034/0181-898 5033.

#### FOR SALE

SHOPFITTINGS - Over one year old, gondolas, counters, dexion racking, tills etc. Tel: 0181-989 0511.

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TRADE LESS 20%+VAT+POSTAGE-100 Becotide Rotacaps 400mg, 100 Ventolin Rotacaps 200mg, 28 Unipine XL 30mg tabs, 10 Opsite 10cm. Tel: 01963 250259.

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### **ABOUTpeople**

### Home delivery

Pharmacy is striving to offer more healthcare on the High Street However, one West Midlands' pharmacy has gone as far as delivering babies!

Pharmacy assistant Sarah Hipkiss, who works part-time at Hawne Chemists in Halesowen, was called out of the shop last



Part-time midwife Sarah Hipkiss

Saturday morning to help a woman who had gone into labour in the back of her car, which was parked outside.

"The woman's husband came in to ask us to ring for an ambulance. He went out and rushed back in again telling us to forget the ambulance, and to come and help out. The woman was in the back of the car and I could see the baby's head coming out," says Ms Hipkiss.

Luckily for the mother and Ms Hipkiss, a baby boy was delivered safely within a few minutes and the ambulance was on the scene soon after.

"It all happened very quickly, and a good job, too. I wrapped him in my white coat, made sure he was crying and didn't touch the cord," says Ms Hipkiss.

She boasts no previous experience in delivering babies, apart from her own, but admits common sense saved the day. "I think watching Kathy Beale having her baby delivered in 'Eastenders' the previous week helped."



Staff at Britton & Robson Pharmacy in Willington, co Durham, are sharing a prize of £1,500 of Thomas Cook travel vouchers. Pharmacist and owner Olwyn Gent was presented with the prize (on behalf of the staff) for the window display of Seven Seas Pure Cod Liver Oil by John Gregory (left), regional sales manager, and Brian Metcalfe (right), senior territory manager of Seven Seas

### Solicitor joins NPA

Penelope Overton has joined the National Pharmaceutical Association as a solicitor, advising members on legal issues.

Ms Overton will be working with legal executive Glyn Walduck at the Association's head-quarters in St Albans. Her responsibilities include advising members on employment law and assisting with the Chemists' Defence Association. However, she is not restricting herself, commenting that she will tackle "whatever else they throw at me!"

Before joining the NPA, Ms Overton worked as an assistant solicitor at the National Association of Teachers in Further and Higher Education, where she gained experience in trade union and employment law.

She graduated from Oxford University in 1983 with a degree



Penelope Overton, new face at the NPA

in English and then studied for the Common Professional Exam and the Law Society Finals at Bristol Polytechnic.

### Science's Set96 voted a sell-out success

Pharmacy's contribution to Set96, also known as Science Week (C&D March 9, p326), was a resounding success.

The two lectures laid on for the public were both sold out, with 150 people attending the debate on cannabis at the London School of Pharmacy and 170 the other on 'New medicines, old plants' given by the Museum of Garden History.

The museum tour at the Royal Pharmaceutical Society headquarters attracted 88 visitors over two days.

A spokesman for Professor Tony Moffat, one of the co-ordinators of the pharmacy events, says: "We were very pleased with the attendance and hopefully next year we can take more of an active part and perhaps involve more schools of pharmacy."

### Medicines to Romania advice group to form

If you have had experience in charity work, supplying medicines to places such as Romania, a new advisory group would like to hear from you.

Pharmacist Carolyn Green of ECHO International Health Services, a registered charity which provides a medical supply service to developing nations, is helping to organise a meeting to discuss the formation of a pharmaceutical advice group for British charities donating drugs to Romania.

The inaugural meeting of the UK-Romania Medicines Advice Group takes place on Saturday, April 20, at the Royal College of General Practitioners, 14 Princes Gate, London SW7.

Contact Dr Chris Derrett, 17 Castleton Road, London E17 4AR (tel: 0181 531 3451 or E-mail on c.j.derrett@qmw.ac.uk) for an application form to attend.

### **APPOINTMENTS**

Unichem has extended its specialist buying department with the appointment of **David Willis** as generics buyer.

Joe Martin has been appointed business group representative for Bayer Diagnostics UK. He succeeds the retiring Patrick Mill.

The new director of the Academic Pharmacy Practice Research Centre is **Robert Shaw**. He takes over following the retirement of Dr **Shirley Ellis**.

The new managing director of

Scholl Consumer Products is Jim Bradley, who will report directly to Scholl plc chief executive Colin Brown. He will be joined by lan Kirsch, UK marketing manager; and Rob Holder, product manager for hosiery. Andrew Chater, formerly at Scholl Consumer Products, will now be responsible for foot care and hosiery world-wide at Scholl plc.

Fujifilm has appointed **Karen Smith** as product manager for film in its consumer products division.

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The 1996 NPA Challenge Cup, organised in conjunction with Pharmacy Today and Chemist & Druggist, will take place at the Aldenbam Golf and Country Club, just off the M25/M1, on Tuesday, June 11th.

## The 1996 NPA Challenge Cup



oin us for a great day's golf at the Aldenham Golf and Country Club and play the challenging course in the company of other pharmacists. Tournament play will be for the prestigious 'NPA Challenge Cup' together with other competitions and individual prizes.

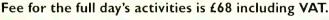
Open to all golfers, our annual golf day on June 11th is fast approaching. Places are limited, so anyone who has not registered their interest in playing should do so by returning the form below as soon as possible.



The full day's golf and hospitality will start when players arrive and enjoy coffee and biscuits and pick up their score cards, before teeing off for the morning team competition over 9 holes.

Following lunch the individual competition will begin. This Stableford rules competition will be played over 18 holes and incorporates integral competitions, plus other individual prizes.

After the day's golf, players will be able to relax over a drink before the evening three course dinner, speeches and prize giving ceremony, where the overall winner will claim the handsome 'NPA Challenge Cup'





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